



<b>Group</b>	<b>Country</b>

### 4<sup>th</sup> Baltic Volleyball Youth Championships for sports schools and clubs

#### Sport school/Club –

Players Nr.	Name	Surname	Birth Date Dd/mm/yy	Height	Weight	License Nr.	Position	Remarks about Health Status

**Doctor's signature indicates that the player's health has been examined and he/she is eligible to participate in this tournament.**

	Name	Surname
Director:		
Coach:		
Doctor:		
Federation Secretary General		

Signature:  
Sport school/Club Director: z.v.  
Doctor:  
Federation Secretary General: z.v.