

PARTICIPATION FORM for FOREIGN ATHLETES
1st INTERNATIONAL MARATHON CHAMPIONSHIP FOR ATHLETES WITH DIABETES (*)

ROME APRIL 8, 2018

please fill it in fully and send it back to: info@aniad.org

(*) Obviously enough, this championship is not meant at identifying people with diabetes as carrying a disease. On the opposite it identifies these people as "athletes", exactly as all other participants, as they run as FIDAL or any other sports association cardholders. The emphasis carried along by the term "Championship" dose not refer to any special ranking or awards and is only meant at making the public aware that diabetes does neither jeopardize athletic performance nor prevents people from participating in strenuous competitions and that exercise enhances glucose control and is therefore part and parcel of the whole therapeutic process per se. We sincerely thank all participants for providing their witness and raising public awareness.

DATI ISCRIZIONE GARA	SURNAME and NAME				
	PLACE and DATE of BIRTH				
	FULL ADDRESS				
	EMAIL / PHONE				
	Membership card of non-Italian Athletics Federations recognised by IAAF				
	Name of your Association				
	RUNCARD number if no Association				
	Medical certificate for competitive athletics - expiration date				
	Did you register to the Rome Marathon according to the official rules?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="text" value="DATE:"/>
	Competition T-shirt size				
	Expected time to complete the whole Marathon run				
Expected time to complete the half-Marathon run					
DATI PER GESTIONE TRANSFER E ALLOGGIO	Name of accompanying people				
	GIORNO E ORARIO DI ARRIVO				
	GIORNO E ORARIO DI RIENTRO				
	NAME OF THE AIRPORT WHERE YOU ARE EXPEXED TO ARRIVE				
	NAME OF THE AIRPORT WHERE YOU ARE EXPEXED TO LEAVE FROM				
	AIRPORT TRANSFER (arrival date)		<input type="text"/>	<input type="checkbox"/> I'll use the train or another means	
	TRASFERIMENTO VERSO AEROPORTO (giorno di partenza)		<input type="text"/>	<input type="checkbox"/> I'll use the train or another means	
DATI GESTIONE DIABETE	DIABETES TYPE				
	YEAR OF DIABETES DIAGNOSIS				
	LAST HbA1c LEVEL				
	REFERENCE HbA1c LEVEL in your lab				
	TREATMENT SCHEMA		<input type="checkbox"/> MULTIPLE INJECTIONS	<input type="checkbox"/> MICRO	<input type="checkbox"/> ORAL DRUGS
	ONGOING DOSAGE		<input type="checkbox"/> DIET ONLY	<input type="checkbox"/> DIET and EXERCISE	
	GLUCOSE SENSOR UTILIZATION		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	I WILL USE THE SENSOR DURING MY PREPARATION PERIOD AND WILL MAKETHOSE DATA AVAILABLE		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	WEEKLY TRAINING SESSIONS				

DATI GESTIONE SPORT E ALIMENTAZIONE	MEAN DURATION OF MY TRAINING SESSIONS	<input type="checkbox"/> 30'	<input type="checkbox"/> 60'	<input type="checkbox"/> 75'	<input type="checkbox"/> MORE THAN 75'		
	AT WHAT TIME OF DAY DO YOU TRAIN MOST OFTEN ?						
	<input type="checkbox"/> BEFORE BREAKFAST	<input type="checkbox"/> AFTER BREAKFAST + INSULIN SHOT	<input type="checkbox"/> AFTER BREAKFAST WITHOUT SHOTS	<input type="checkbox"/> LUNCHTIME FASTING	<input type="checkbox"/> AFTER LUNCH + INSULIN SHOT	<input type="checkbox"/> AFTER LUNCH W/OUT SHOTS	<input type="checkbox"/> BEFORE DINNER
	FOOD AND TREATMENT MANAGEMENT BEFORE TRAINING						
<input type="checkbox"/> NO CHANGES AT ALL	<input type="checkbox"/> NO FOOD CHANGES, TREATMENT CHANGES	<input type="checkbox"/> CHO AMOUNT INCREASE, NO TREATMENT CHANGES	<input type="checkbox"/> CHO AMOUNT INCREASE, INSULIN DOSAGE DECREASE				
FOOD AND TREATMENT MANAGEMENT AFTER TRAINING							
<input type="checkbox"/> NO CHANGES AT ALL	<input type="checkbox"/> NO FOOD CHANGES, TREATMENT CHANGES	<input type="checkbox"/> CHO AMOUNT INCREASE, NO TREATMENT CHANGES	<input type="checkbox"/> CHO AMOUNT INCREASE, INSULIN DOSAGE DECREASE				

DATI GESTIONE SPORT E ALIMENTAZIONE	CHO SUPPLEMENTATION BEFORE TRAINING					
	<input type="checkbox"/> ALWAYS	<input type="checkbox"/> NEVER	<input type="checkbox"/> DEPENDING ON GLUCOSE LEVELS			
	CHO SUPPLEMENTATION DURING TRAINING					
	<input type="checkbox"/> ALWAYS	<input type="checkbox"/> NEVER	<input type="checkbox"/> IT DEPENDS ON DURATION AND INTENSITY	<input type="checkbox"/> IT DEPENDS ON GLUCOSE LEVELS	<input type="checkbox"/> ONLY IN CAS OF HYPOS	<input type="checkbox"/> TIME / AMOUNT ARE PLANNED IN ADVANCE
CHO SUPPLEMENTATION AFTER TRAINING						
<input type="checkbox"/> ALWAYS	<input type="checkbox"/> NEVER	<input type="checkbox"/> DEPENDING ON GLUCOSE LEVELS				
NOTES: anything special in terms of time of arrival or departure, food (allergy) or accommodation						

PRIVACY E FIRMA ACCETTAZIONE	<p>ANIAD Onlus coordinates and promotes the event on a pure non-profit voluntary basis. In greater detail, as intended by its institutional aims, ANIAD Onlus (as other organizations involved in the event) is neither an intermediary/organizing nor a tourism-oriented enterprise: it merely aims at coordinating and enhancing the sports-medicine event linked to the Rome Marathon to have as many diabetic athletes as possible participate to the run and to all related meetings. ANIAD Onlus declines any responsibility for conflicts directly or indirectly linked to the competitive participation the the 24rd Rome Marathon due on April 8, 2018, the rules of which any involved people are please asked to make reference to. Any changes to the run are the entire responsibility of the event Organizers. All participants are aware and realize that being involved in the April 8, 2018 run may be dangerous for their health and therefore should refrain from registering and participating to it if unfit from a medical or training point of view. Participats assume the risks liked to this event, including also any accidents occurring while travelling from and to the event place and thus releases ANIAD from all pending and future liability relating to this. According to the law issued on June 30, 2003 n. 196 (Single Act on Privacy) ANIAD Onlus notifies participants that personal data will be collected and utilized only for internal listing,classification and archiving purposes, as well as, to send out information material and utilize pictures to promote the event through all possible national and international media.</p>					
	<input type="checkbox"/> I ACCEPT	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
	DO YOU AUTHORIZE THE UTILIZATION OF PICTURES INVOLVING YOU FOR THE ABOVE MENTIONED PURPOSES?			<input type="checkbox"/> SI	<input type="checkbox"/> NO	

DATE:

SINGATURE (1)

Note (1)

The original signature will be obtained on site.