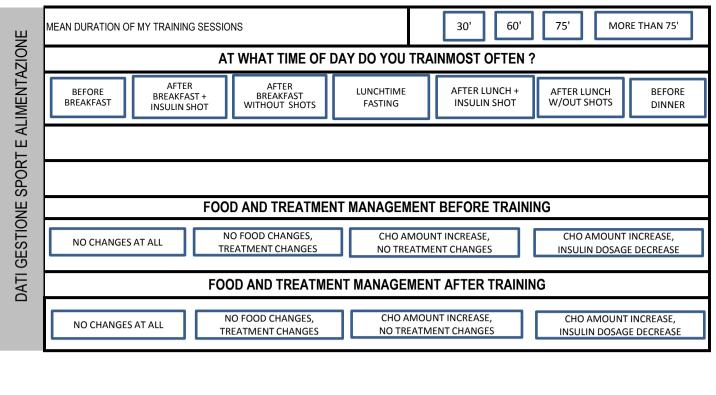
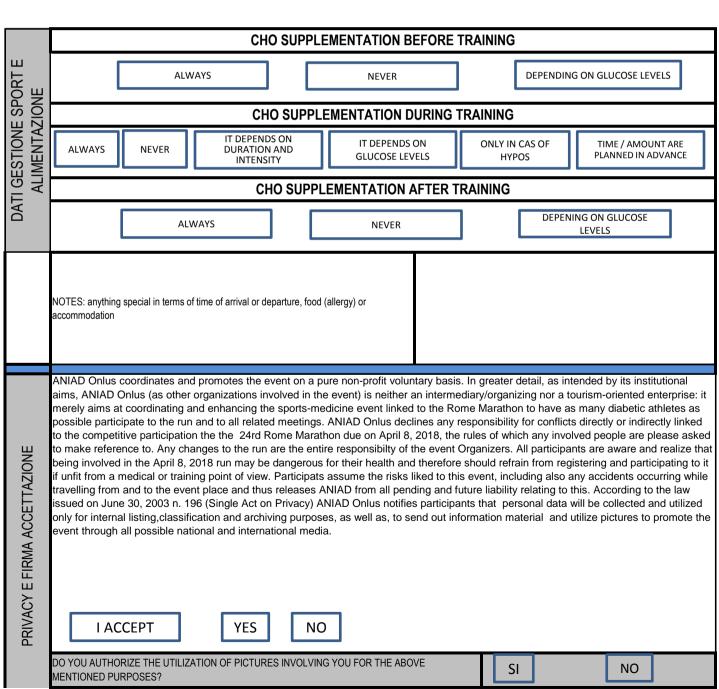
PARTICIPATION FORM for FOREIGN ATHLETES 1st INTERNATIONAL MARATHON CHAMPIONSHIP FOR ATHLETES WITH DIABETES (*) ROME APRIL 8, 2018

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.

	SURNAME and NAME					
DATI ISCRIZIONE GARA	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 acording to the official rules?	YES	NO	DA	TE:	
	Competition T-shirt size					
	Expected time to complete the whole Marathon run					
	Expected time to complete the half-Marathon run					
GESTIONE E ALLOGGIO	Name of accompamying people					
	GIORNO E ORARIO DI ARRIVO					
	GIORNO E ORARIO DI RIENTRO					
3E(NAME OF THE AIRPORT WHERE YOU ARE EXPEXED TO ARRIVE					
	NAME OF THE AIRPORT WHERE YOU ARE EXPEXED TO LEAVE FROM					
DATI PER GESTIONE TRANSFER E ALLOGGI	AIRPORT TRANSFER (arrival date)					use the train or nother means
	TRASFERIMENTO VERSO AEROPORTO (giorno di partenza)					use the train or nother means
DATI GESTIONE DIABETE	DIABETES TYPE					
	YEAR OF DIABETES DIAGNOSIS					
	LAST HbA1c LEVEL					
	REFERENCE HbA1c LEVEL in your lab					
	TREATMENT SCHEMA MULTIPLE MICRO OF	AL DRUGS		DIET ON	LY	DIET and EXERCISE
	ONGOING DOSAGE					
	GLUCOSE SENSOR UTILIZATION		[YES		NO
<i>†</i>	I WILL USE THE SENSOR DURING MY PREPARATION PERIOD AND WILL MAKETHOSE DATA AVAILABLE		[YES]	NO
	WEEKLY TRAINING SESSIONS					





DATE: SINGATURE (1)

Note (1)

The original signature will be obtained on site.