

CERTIFICATE OF FITNESS AND APTITUDE TO PRACTICE SPORTS

What is a certificate of fitness and aptitude to practice sport?

This certificate provides a certified confirmation from an accredited medical doctor regarding your physical ability to participate in the sports events for which you have registered.

Why is a this certificate required?

Paris 2018 Gay Games 10 is all about participation, inclusion and personal best. There is no need to be a good athlete to participate and no need to question a participant's health status. Nevertheless, Paris 2018 Gay Games 10 cares about the safety of all participants. In France, there is a legal obligation to confirm your ability to take part in a competition. This certificate is required for all participants of any sports competition in France in order to be properly covered by insurance carriers.

What will happen if there are injuries during the practice of sport?

If there are injuries during the practice of sport during Paris 2018 Gay Games 10, the incident report will include a copy of the participant certificate confirming their ability to have practiced the particular sport during which the incident occurred.

What would happen if a participant does not have this certificate?

Unfortunately, for legal reasons, you will not be allowed to compete unless you are able to provide a certificate.

What should the certificate state?

- The Certificate of Fitness and Aptitude must mention that the participant's current fitness status "does not present any indication against the practice of competing in [your sport]"
- The Certificate of Fitness and Aptitude must be dated within one year preceding the event, which will take place from 4th to 11th August 2018. So, any certificate dated on or after 12th August 2017 can be accepted.

To avoid errors, we recommend you use the template enclosed.

Are there any exemptions to providing such a certificate?

You are, however, exempt from providing such a certificate if you are a licensed member of a French Sports Federation of sport in which you plan to compete. (NOTE: All French Sport Federations require a Certificate of Fitness and Aptitude, which in France is called a medical certificate. No sport license is issued without this document.) In this case, you need to provide a copy of your sport license with the license number and expiration date.

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I, the undersigned, Dr. _____, Doctor of Medicine,
certify that the examination of _____

Date of birth: Day _____ Month _____ Year _____

does not present any indication, as of this date, restricting the practice of or the competition in the sport or sports noted below.

Check all appropriate sports in which you will compete:

<input type="checkbox"/>	Aquatics – Diving
<input type="checkbox"/>	Aquatics – Open Water Swimming
<input type="checkbox"/>	Aquatics – Swimming
<input type="checkbox"/>	Aquatics – Synchronized Swimming
<input type="checkbox"/>	Aquatics – Water-Polo
<input type="checkbox"/>	Athletics – 10K
<input type="checkbox"/>	Athletics – 5K
<input type="checkbox"/>	Athletics – Half-Marathon
<input type="checkbox"/>	Athletics – Marathon
<input type="checkbox"/>	Athletics – Track and Field
<input type="checkbox"/>	Badminton
<input type="checkbox"/>	Basketball
<input type="checkbox"/>	Beach Volleyball
<input type="checkbox"/>	Bowling
<input type="checkbox"/>	Boxing
<input type="checkbox"/>	Cycling – Mountain Bike
<input type="checkbox"/>	Cycling – Road Races
<input type="checkbox"/>	Dance Sport
<input type="checkbox"/>	Fencing
<input type="checkbox"/>	Field Hockey

<input type="checkbox"/>	Figure Skating
<input type="checkbox"/>	Football (Soccer)
<input type="checkbox"/>	Golf
<input type="checkbox"/>	Handball (Team Handball)
<input type="checkbox"/>	Ice Hockey
<input type="checkbox"/>	Martial Arts
<input type="checkbox"/>	Petanque
<input type="checkbox"/>	Roller Derby
<input type="checkbox"/>	Rowing
<input type="checkbox"/>	Rugby Sevens
<input type="checkbox"/>	Sailing
<input type="checkbox"/>	Softball
<input type="checkbox"/>	Speed Roller Skating
<input type="checkbox"/>	Squash
<input type="checkbox"/>	Table Tennis
<input type="checkbox"/>	Tennis
<input type="checkbox"/>	Triathlon
<input type="checkbox"/>	Urban Dance
<input type="checkbox"/>	Volleyball
<input type="checkbox"/>	Wrestling and Grappling

Certificate issued in City, State, Country: _____

Date: Day _____ Month _____ Year _____

Doctor Signature:

Doctor Stamp: