



!!! Download the Form on the internal storage of your device and use Acrobat Reader DC !!! The Form must be submitted 7 days prior to the intended AusCycling sanctioned event

To be sent by e-mail only:
track@auscycling.org.au

Rider - First Name, Last Name:
Rider - AC License :
Rider - Date of birth:

I, as of the athlete , hereby certify that the rider was measured in accordance with the state of the art, on , in a height of cm.

Contact information (To be filled by the Head Medical Director / the Family Doctor):

First Name, Last Name:
Team (if Head Medical Director):
Professional phone number (with the area code):
Professional address:

Signature of the Head Medical Director / Family doctor:

