



## INSURANCE CERTIFICATE

I certify that the player below has valid accident insurance that covers accidents occurring in connection with football and futsal competition activities, training activities and related travel, both domestically and abroad, during the period of validity of the player pass from 1 January to 31 December.

### PLAYER INFORMATION

PLAYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTAL CODE AND CITY \_\_\_\_\_

BALL-ID (from Palloliitto info letter or Player Pass) \_\_\_\_\_

PLACE AND TIME \_\_\_\_\_, \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

SIGNATURE \_\_\_\_\_

**NOTE! The form must always be submitted to the Team leader with a handwritten signature (in the case of a minor, with the signature of the guardian).**

