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| **EK-1** **3. KAMU SPOR OYUNLARI BAŞVURU FORMU*** Herhangi bir yaralanma veya sakatlığa sebebiyet vermemek için sorumlu kişilerin talimatlarına uyacağımıza,
* Etkinlik esnasında ve sonrasında yaşanacak herhangi bir sağlık sorunu ve sakatlık durumunda sorumluluğun tamamını üzerime alacağımıza,
* Müsabakaya katılım göstermediğimiz takdirde hükmen mağlup olacağımı/mızı

Beyan ve kabul ederiz.

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| TAKIM ADI |  |
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|  |  |
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|  | VOLEYBOL |
|  | 3X3 BASKETBOL |
|  | MASA TENİSİ |
|  | AYAK TENİSİ |

 |
| **S.NO** | **ADI SOYADI** | **T.C. KİMLİK NO** | **DOĞUM YERİ / ŞEHİR** | **DOĞUM TARİHİ GÜN / AY /YIL** | **İRT. TELEFONU** |
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|  **TAKIM SORUMLUSU** |
| **ADI SOYADI** |  |
| **İRTİBAT TELEFONU** |  |
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| **İMZA** |  |

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