



XVLII EUROPEAN JUNIOR SWIMMING CHAMPIONSHIPS - ROMA 2021

Dear colleague

the Italian Swimming Federation will host the 47th edition of the European Junior Swimming Championships from 6 to 11 July at the Stadio del Nuoto in Rome.

The event will include the heats from 9:30 and the session with semifinals and finals from 18:00 every day.

In relation to the anti Covid-19 regulations the media and photo accreditation will be limited.

Therefore each agency or media company will be allowed to accredit only one journalist (if broadcaster with operator) and one photographer.

Priority will be given to professional journalists and photographers accredited by companies that continuously cover aquatic sports and swimming.

Accreditation requests must be sent to stampa@federnuoto.it no later than Sunday 4 July.

The access to the media stand, to the mixed zone and to the press room of the Stadio del Nuoto will be allowed delivering at the arrival the self-certification form anti Covid-19 duly filled in (in attachment).

In addition, all accredited must send to stampa@federnuoto.it a copy of the report of the rapid or molecular naso-pharyngeal swab performed no later than 24 hours before the access to the pool.

If the stay at the event exceeds three days, on the third day it will be necessary to undergo an additional rapid control swab that can be performed at the Foro Italice swimming pools.

Finally, accredited communication operators are invited - as a sign of personal respect and respect for others - to avoid contact with athletes and staff outside the mixed zone, to always respect the social distance, to correctly wear a mask.

Media accreditation				
EUROPEAN JUNIOR SWIMMING CHAMPIONSHIPS				
6th - 11th July 2021 - ROME - ITALY				
<i>Mr</i>	<i>Mrs</i>	<i>Name</i>		<i>Surname</i>
<i>Country</i>				<i>Date of birth</i>
<i>Private address - City - ZIP Code</i>				
<i>Tel. n.</i>			<i>Fax n.</i>	
<i>Mobile</i>			<i>e-mail</i>	
<i>Media</i>	<i>Daily Newspaper</i>	<i>Press Agency</i>	<i>Magazine</i>	<i>Internet Website</i>
	<i>Radio</i>	<i>TV</i>	<i>Photo Agency</i>	<i>Freelance</i>
<i>Name of the company</i>				
<i>Business address - City - ZIP Code</i>				
<i>Function</i>	<i>Journalist</i>	<i>Photographer</i>	<i>TV Commentator</i>	
	<i>Radio Commentator</i>	<i>Technician</i>	<i>Other</i>	
<i>Professional card (type & number)</i>		<i>AIPS number (if applicable)</i>		
<i>First day attending the venue</i>			<i>Last day attending the venue</i>	

Press facilities use request

	<i>Media Stands</i>	<i>Media Room</i>	<i>Mixed Zone</i>
Tue. 6	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Wed. 7	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Thu. 8	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Fri. 9	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Sat. 10	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Sun. 11	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Personal details above provided will be used in compliance with EU GDPR 679/16 art. 13 only to manage the press facilities access of this event.

I dati personali saranno trattati in conformità alle disposizioni del Regolamento UE 679/2016 (GDPR) per le sole finalità di accesso alle aree stampa della manifestazione in oggetto.

Date _____

Signature _____

Please, send this form by mail to: stampa@federnuoto.it - Deadline 4th July 2021

Press Office: Italian Swimming Federation tel. +39 06 36200444-3-2 e-mail: stampa@federnuoto.it

Declaration to be completed by the participants

The undersigned _____
born on _____ in _____ (_____)
home address _____ (_____),
passport number _____ issued by _____ on _____
telephone number _____, email _____

according to the Italian Law, DECLARES, as far as it is aware:

- a) not currently having a diagnosis of positivity for COVID-19;
- b) that he is not currently subjected to the quarantine measure;
- c) not having had COVID-19 symptoms (including, but not limited to, body temperature > 37.5 ° C, cough, cold, sore throat, difficulty breathing, exertional dyspnea, profound fatigue and muscle aches, abdominal pain, diarrhea, loss of taste and / or smell) in the previous 14 days and to be unaware of having been in direct contact, in the last 14 days, with a person who has experienced COVID-19 symptoms (see over it);
- d) to undertake to adopt and respect, during my stay in the sports facility, the prevention and protection measures in force, established according to the need to limit the spread of the Sars-Cov2 virus, to follow the precautions provided by the health authorities and , in any case, those specified in the instructions present in the system, of which I have read, understood and accepted all the contents;

aware that in the event of a positive response, he will not be able to access the implant unless he has a healing certificate.

I undertake to inform my doctor, and not to attend the sports facility, in case of:

- appearance of temperature over 37.5 °;
- exposure to confirmed or probable or suspected cases of COVID-19;
- any symptoms (cough, cold, sore throat, breathing difficulties, dyspnea from exertion, tiredness and muscle pain, abdominal pain, diarrhea, loss of taste and / or smell).

I undertake to respect the appropriate measures to reduce the risk of contagion from COVID-19 as institutional guidelines that have been provided to me.

I authorize the measurement of body temperature at each entrance to the sports facility for the purpose of preventing contagion from COVID-19.

I authorize the processing of my personal data pursuant to art. 13 of Legislative Decree 30 June 2003, n. 196 "Code regarding the protection of personal data" and art. 13 of the GDPR (EU regulation 2016/679).

Date _____

Signature _____