**SINGLE PENALTY**

* **Due to Injury, Pregnancy, Professional obligations or Military service**

When a competitor wishes to apply for a break penalty due to injury, pregnancy, professional obligation or military service, the National Ski Association may apply by submitting this form to [ParaCrossCountry@fis-ski.com](mailto:ParaCrossCountry@fis-ski.com). In case of an injury, the Injury Report form must also be completed and a medical certificate detailing the injury type and period of recovery must be submitted.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Injury** | | **Pregnancy** | **Professional obligation** | | **Military service** |
| **Name, First Name** | | | **Address** | | |
| **Code number** | | |
| **of the injured** | | | | | |
| **Date** | | | **Place** | | |
| **of the accident** | | | | | |
| **Type of injury** | | | | | |
| **of the pregnancy** | | | | | |
| **Preliminary due date** | | | | | |
| **Duration of inability to compete** | | | | | |
| **FIS points at the time when the accident/injury occurred or the application for maternity protection status is received by FIS** | | | |  | |
| **Date** | **Signature of the injured** *(please print and sign)* | | | | |

**Enclosure: Medical Certificate**