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| **Identificação** |

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| Nome Completo: | | | | | |  | | | | | | | | | | | Apelido: | |  | |
| Sexo: | ( |  | | ) | M | | ( |  | ) | F | Data de Nasc.: | |  | | Nacionalidade: | | |  | | |
| Naturalidade: | | | | |  | | | | | | | | | | | | | | UF: |  |
| Identidade: | | |  | | | | | | | | | Órgão Expedidor: | |  | | CPF: |  | | | |

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| **Filiação** |

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| Pai: |  |
| Mãe: |  |

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| **Endereço:** |

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| Logradouro: | | | |  | | | | | | | | | | | | | | | | | | Nº. | |  | |
| Complemento: | | | | | |  | | | | | | | | | Bairro: |  | | | | | | | | | |
| CEP: | |  | | | | | | | Município: | | |  | | | | | | | | | | | UF: | |  |
| Fone: | ( | |  | | ) | |  | Fone: | | ( |  | | ) |  | | | Fax: | ( |  | ) |  | | | | |
| E-mail: | | |  | | | | | | | | | | | | | | | | | | | | | | |

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| **Outros Dados** |

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| Função: | |  | **( )** Treinador **( )** Atendente **( )** Preparador Físico **( )** Atendimento Médico  **( )** Aux. Técnico**( )** Supervisor | | | | |
| Nível de Escolaridade: | | | |  | **( )**Técnico **( )** Graduado **( )** Mestrado **( )** Doutorado | | |
| Profissão: |  | | | | | Data de Inscrição: |  |
| Observações: | | | | | | | |