

WPSB MEDICAL WITHDRAWAL

Note: This form must be certified by a Medical Doctor or Physiotherapist and submitted thirty (30) minutes before the start of the event (training or competition).

Date : ____ . ____ . ____ .

Family Name: _____ Name: _____

Sport Class: _____ Organisation (NPC/NSF): _____ Event withdraw: _____

Reason for Medical Withdraw:

Doctor/Physiotherapist Name: _____

Doctor/Physiotherapist Signature: _____

Name of person submitting the application: _____

Official Position: _____ Organisation (NPC/NSF): _____

Signature: _____