WPNS 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: ___________________________


Signature: ___________________________