



## WPNS MEDICAL WITHDRAWAL

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**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: \_\_\_\_\_