



Surname: _____ Name: _____

Parents or Guardian's full name: _____

Date of birth: _____

Home address: _____

Area: _____ Post code: _____

Mobile 1: _____ Mobile 2: _____

Email: _____

School: _____

Allergies: _____

Training sessions per week: _____ Days: _____

Size of clothes: _____

The guardian confirms with this application that according to doctor's opinion, the athlete can participate in sports activities.

Date: _____

Guardian's signature: _____