



DECLARATION ON CHILDREN'S HEALTH

I,, hereby declare
(name & surname of the Parent)

that there is no contraindications to Physical Activities of my
child..... PESEL no.
(name & surname of the Child)

and that she can participate in the trainings of Diamonds Academy Soccer
School.

I also declare that my daughter: has/hasn't a chronic illness:

.....

takes/doesn't take any regular medications* (if so please inform us about dosing
of the medication)

.....

other comments concerning children's health

.....

Date..... Signature of the Parent.....

* Cross out

Please fill out, sign and deliver this form to the Organizers before the child's participation in the trainings. If the declaration on children's health will not be delivered the Organizers have a right to exclude the child from the training. Parents or Legal Guardians are obliged to inform the Organizers about any diseases, injuries or other disorders that prevent the child to safe participate in sports.

