MINOR ATHLETE HEALTH QUESTIONNAIRE

PARENTAL CERTIFICATE

I, Mr/Mrs [First Name LAST NAME] ………………………………………………….......... in my capacity as legal representative

of [First Name LAST NAME] ……………………………………………………………. attests that he/she has completed the sports health questionnaire

and answered all questions in the negative.

Date and signature of legal representative

MINOR ATHLETE HEALTH QUESTIONNAIRE

PARENTAL CERTIFICATE

I, Mr/Mrs [First Name LAST NAME] ………………………………………………….......... in my capacity as legal representative

of [First Name LAST NAME] ……………………………………………………………. attests that he/she has completed the sports health questionnaire

and answered all questions in the negative.

Date and signature of legal representative

MINOR ATHLETE HEALTH QUESTIONNAIRE

PARENTAL CERTIFICATE

I, Mr/Mrs [First Name LAST NAME] ………………………………………………….......... in my capacity as legal representative

of [First Name LAST NAME] ……………………………………………………………. attests that he/she has completed the sports health questionnaire

and answered all questions in the negative.

Date and signature of legal representative

MINOR ATHLETE HEALTH QUESTIONNAIRE

PARENTAL CERTIFICATE

I, Mr/Mrs [First Name LAST NAME] ………………………………………………….......... in my capacity as legal representative

of [First Name LAST NAME] ……………………………………………………………. attests that he/she has completed the sports health questionnaire

and answered all questions in the negative.

Date and signature of legal representative

MINOR ATHLETE HEALTH QUESTIONNAIRE

PARENTAL CERTIFICATE

I, Mr/Mrs [First Name LAST NAME] …………………………………………………..........in my capacity

legal representative of [First name LAST NAME] ……………………………………………………………. attests that he/she completed the questionnaire

of the minor athlete’s health and answered in the negative all questions.

Date and signature of legal representative