**Medical and acceptance note**

Name of participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you use glasses or contact lenses ? ❑ No ❑ Glasses ❑ Contact lenses

If you use medicine for: (Write medicine, dosage, etc. on the back of this paper).

Diabetes ❑ No ❑ Yes

Allergy ❑ No ❑ Yes

Asthma ❑ No ❑ Yes

Epilepsy ❑ No ❑ Yes

Cardiovascular diseases ❑ No ❑ Yes

Do you use medicine in general? ❑ No ❑ Yes

Have you ever been unconscious? ❑ No ❑ Yes Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any injuries? ❑ No ❑ Yes   
  
  
If so, explain injuries:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you feel well and healthy? ❑ No ❑ Yes

Other relevant information / disorders, the organizer should be aware of?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* This information is intended for medical use on event day and will not be registered.
* It is not allowed to participate in the tournament, if you have injuries.
* Bandages must be approved by the centre referee.
* Participation is at your own risk.

The undersigned agrees with the above and acknowledges the correctness of the given information.

If the participant is under 18 years old, this paper must be signed by a parent or guardian. Signature will also be an approval of the child / junior's participation at the event.

Deltager/forældre eller værge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dato: \_\_\_\_\_\_\_\_\_\_\_\_\_\_