

Medical Declaration Form for Sports Participation

A **medical declaration form** for sports participation ensures that athletes disclose any health conditions before engaging in physical activities. This form helps coaches and organizers assess risks and provide necessary accommodations. Proper documentation promotes safety and compliance with sports regulations.

Full Name:

Date of Birth:

Sport/Activity:

Email Address:

Emergency Contact Name & Number:

Relevant Medical History (e.g., asthma, allergies, current medications):

Recent Injuries or Illnesses:

Do you have any conditions that require special arrangements? (If yes, please specify):

☐ I declare that the information provided above is complete and accurate. I understand that withholding medical information may endanger my health and safety. I give permission for medical treatment to be administered in the case of an emergency during sports participation.

Signature:

Date:

Submit