

**BS Cup  
 - It starts here**

Medical and acceptance note

Event date: \_\_\_\_\_\_\_\_\_\_\_ Name of participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you use glasses or contact lenses? ❑ No ❑ Yes glasses ❑ Yes Contact Lenses

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

Diabetes (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 previously been unconscious? ❑ No ❑ Yes Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any injuries? ❑ No ❑ Yes

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.

• If is not allowed to participate tournament, if you have injuries.

• Support Dressings are not allowed in the first match. All dressings must be approved by the medical board.

• Participation is at your own risk.

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

If the participant is under 18, 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.

Participant / parent or guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_