

## Medical statement

( \*if you are under age 16, please give your parent details)

Full name:..... Age:  under 16  above 16

Parent name\*: .....

E-mail address\*:.....

Phone number\*:.....

Are you doing any sports?  Yes  No

If yes, what kind of and how regularly?

.....

Do you experience chest pain while moving?  Yes  No

Do you have any back problem? (posture error, scoliosis)?  Yes  No

Have you ever had a sports injury that may recur?  Yes  No

If yes, what was it?

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Do you have a blood pressure problem?  Yes  No

Have you ever had an epileptic seizure?  Yes  No

Are you taking any medicine regularly?  Yes  No

Do you have any chronic illness, if that's what it is? (diabetes, anaemia, heart problems, etc)

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As far as I know, I do not have any health problems that would interfere with my sport activities. I acknowledge that I use the Akropoleisz Studio at my own risk and strictly follow the instructions of the coaches for my own safety.

I declare that I consent to the management of my personal information.

I declare that I have received prior information relating to the processing of my personal data, -which is attached to this form,- that I have taken note of the Privacy Policy and provided my personal data and my consent to the processing thereof.

Budapest, ..... year ..... month .....day

signature\*

Please turn→→→→