



Water Polo Sparta Praha, z.s.
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Medical fitness confirmation for sports activities at Water Polo Sparta Praha

I confirm that:

Name and Surname: _____

Date of birth: _____

the above has successfully completed a preventive medical examination and is qualified to engage in physical activity (in particular water polo training, participation in water polo competitions, training sessions and sports events appropriate to the age of the child).

Doctor's note:

In _____ on the _____

Doctor's stamp and signature