

Medical certificate of suitability to take part in non-competitive sports

Name

Born in

Date of birth.....

Resident at (address,city,country)

.....

**According to the results of medical check-ups and examinations,
Mr/Mrs/Ms..... is healthy and
currently fit for non-competitive sports in general and for WATER SKIING in
particular.**

This Certificate is valid until (date)...../...../.....

DOCTOR INFORMATIONS OR STAMP

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Doctors signature :