



## **Confirmation By Medical Referee For Water Polo Player To Take Part In Lyme Splash Water Polo Sea Championship**

For completion by Medical Referee if applicant answers YES to any question in PART B to Register to take part in Lyme Splash Water Polo Sea Championship.

Name of Water Polo applicant:

Address:

DOB:

Please tick one:

In light of verbal statements made to me I hereby endorse this self-declaration form on behalf of the applicant

Having examined the applicant, I have issued a Certificate of Fitness for Water Polo playing and to take part in the Lyme Splash Water Polo Sea Championship.

Signature of Medical Referee:

Print Name:

GMC number:

Date:

Certificate of Fitness to play Sea Water Polo: ISSUED / NOT ISSUED (*please circle*)

### **When completed please:**

Email to: [info@lyme-splash.com](mailto:info@lyme-splash.com)

Or

Post to: Lyme Splash, Shutters, Clappentail Lane, DT7 3LZ