



Junior Full Contact Council.



Fit '2' Fight

To be filled in by parent or guardian
Please bring this form with you to any JFCC event.

Competitors details

First name & last name _____

Date of Birth _____

Town / City of Birth _____

Current City of Residence _____

Nationality _____

Email _____

I the undersigned parent/guardian assume all the responsibilities for my son/daughter to compete under the rules and guidelines stipulated by the Junior Full Contact Council

Signature of parent/guardian _____

Date _____

FIT TO COMPETE FORM

*Competitors Medical Declaration Form
This form is to be filled in by your G.P. or Medical Practitioner*

Name

D.O.B

I hereby declare that the above named person is in reasonably fit health, at the time of this visit, and able to compete at any forth coming JFCC events.

Date

Doctors Signature

Doctors Stamp (*Please stamp here*)

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