



MEDICAL CONSENT

I acknowledge that the information provided to TNT ATHLETICS ACADEMY on sign up is factually correct. I therefore agree to myself/my child participating in all activities of TNT ATHLETICS ACADEMY held on all locations and the use of all our sporting equipment.

I hereby confirm that [I am / my son is / my daughter is] medically fit and acknowledge that it is my responsibility to report any ailments, medications, allergies, disabilities, etc., in advance of each training session to TNT ATHLETICS ACADEMY.