



## Injury Withdrawal Form

Name: \_\_\_\_\_

Weight Class: \_\_\_\_\_

Club/Team: \_\_\_\_\_

Coach: \_\_\_\_\_

Explanation of the injury be the tournament medical doctor/physiotherapist:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Doctor's/ Physiotherapist Signature: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Coaches Signature: \_\_\_\_\_

Date/Time: \_\_\_\_\_