MEDICAL STATUS DECLARATION

This declaration is mandatory for registering in the NINJA European Championships Czechia 2026 in case you don't present a valid medical certificate.

The information provided will only be accessed by authorized personnel from CAPS - Czech Obstacle Sports Association, when necessary.
It will be stored securely and not shared with third parties without your explicit consent, in compliance with the General Data Protection Regulation (GDPR). The data will be used solely for ensuring your safety during the event.

By completing and signing this declaration, I confirm the accuracy of the information provided and acknowledge my responsibility to update the organization in case of changes to my medical status prior to the event. I understand that I have the right to access, correct, or request the deletion of my personal data by contacting the organization through the email: info@ninjaeuropeanchampionships.com

Section 1: Contact Information

Email: _____

Full Name: _____

Date of Birth (dd/mm/yyyy): _____

Phone Number (with country code): _____

Street Address: _____

City: _____

Region (State/Province): _____

Postal Code: _____

Country: _____

Section 2: Medical History

1. Medical Conditions (Check all that apply):

▢ Asthma ▢ Cancer ▢ Cardiac Disease ▢ Diabetes ▢ Hypertension

▢ Psychiatric Disorder ▢ Epilepsy ▢ None ▢ Other: _____

2. Current Symptoms (Check all that apply):

▢ Chest Pain ▢ Respiratory Issues ▢ Neurological Symptoms ▢ Musculoskeletal

Issues ▢ Weight Gain ▢ Weight Loss ▢ None ▢ Other: _____

3. Are you taking any medications?

List your medications or write "None":

_____

4. Have you had any recent surgeries (past 5 years) ?

List your surgeries or write "None":

_____

5. Do you have any allergies?

List your allergies or write "None": _____

6. What was your gender at birth?

▢ Male ▢ Female

7. Do you use or have a history of using tobacco?

▢ Yes ▢ No

8. Do you use or have a history of using recreational drugs?

▢ Yes ▢ No

9. How often do you consume alcohol?

▢ Daily ▢ 1-3 times per week ▢ Several times a month

▢ Several times a year ▢ None

Section 3: Consent

By signing below, I consent that in the event of injury or incapacitation during the NINJA European Championships Czechia 2026, I (or my child/athlete, if applicable) wish to receive appropriate medical care as determined by a healthcare professional.

Signature: _____

Type or sign your full legal name:

_____

Section 4: Emergency Contact

Emergency Contact Name: _____

Emergency Contact Phone Number: _____