

Athlete Consent Form for Fitness Assessment

Athlete Name

Date of Birth

Contact Information

Consent

I acknowledge that I have been informed about the purpose and nature of the fitness assessment. I understand that participation is voluntary and that I may withdraw at any time without penalty. I am aware of the potential risks involved and agree to inform the assessor of any medical conditions or concerns that may affect my ability to safely participate. I hereby give my consent to participate in the fitness assessment.

Athlete's Signature

Date

Assessor's Signature

Date