

## Declaration of Potential Conflict of Interest

(Fill out the blank fields, in print and send on email: [jaspe@ac.me](mailto:jaspe@ac.me))

Manuscript title:	
Authors (last name, initials):	
Number of authors	

**ALL AUTHORS MUST SIGN THIS FORM** and it must be uploaded as a supplementary document of the submitted manuscript in the Journal database.

When potential conflict of interest exists, descriptions of type of conflict must be stated for each of the listed authors.

The items listed below are some of the examples of conflict of interest that can be inserted in the form:

- Author participates in clinical and/or experimental study subsidized by an industry or business;
- Author is a speaker at events sponsored by an industry or business;
- Author is a member of a board or directors of an industry or business;
- Author participates in regulatory committees of scientific studies sponsored by an industry or business;
- Author receives institutional financial support of an industry or business;
- Author shares stocks in an industry or business;
- Author prepares/develops scientific papers for journals sponsored by industries or business.

### Note:

All authors must sign this document disclosing potential conflict of interest.

Form must be scanned and converted to a PDF file.

The document must be uploaded as supplementary file of the submitted manuscript.

No potential conflict of interest exists for this study.

Yes, there is a potential conflict of interest relative to this study as detailed above (please explain):

--

## AUTHORS

By signing, all authors confirm the agreement with the contents of the previous (first) page of the Conflict of Interest statement (of the Journal of Anthropology of Sport and Physical Education) and that the information they provided on these pages is true.

(Authors should be listed in the exact order as appearing on the title page of the manuscript. Feel free to copy and add more tables for additional authors if needed, likewise delete the excess if not used. ALL AUTHORS MUST SIGN THIS FORM).

No.	Name		Date and signature:
1	Institutional address		
	Email		
	Corresponding author (YES/NO)		

No.	Name		Date and signature:
2	Institutional address		
	Email		
	Corresponding author (YES/NO)		

No.	Name		Date and signature:
3	Institutional address		
	Email		
	Corresponding author (YES/NO)		

No.	Name		Date and signature:
4	Institutional address		
	Email		
	Corresponding author (YES/NO)		

No.	Name		Date and signature:
5	Institutional address		
	Email		
	Corresponding author (YES/NO)		