

STEPHENVILLE TAE KWON DO
COMPETITOR MEDICAL FORM
To be completed for each competition

NAME: _____ DATE OF BIRTH: _____
ADDRESS: _____ MCP#: _____
EMERGENCY CONTACT: _____ TELEPHONE: _____
COMPETITON: _____ DATE: _____

1. HAVE YOU SUFFERED A HEAD INJURY RESULTING IN A CONCUSSION, LOSS OF CONSCIOUSNESS, FOLLOWED BY DIZZINESS, MEMORY LOSS OR HEADACHE IN ANY ACTIITY IN THE PAST 30 DAYS?
YES NO

2. ARE YOU CURRENTLY UNDER THE CARE OF A PHYSICIAN FOR A MEDICAL CONDITION?
YES NO

3. ARE YOU TAKING ANY MEDICATION? YES NO

4. DO HAVE ANY ALLERGIES? YES NO

5. ARE YOU RECOVERING FROM ANY INJURIES?
YES NO

6. ARE THERE ANY MEDICAL REASONS THAT MAY LIMIT OR PROHBIT YOUR PARTICIPATION IN THE COMPETITION?
YES NO

IF YOU AMSWERED YES TO ANY OF THE ABOVE PLEASE EXLPAIN ON A SEPRATE PIECE OF PAPER. A LETTER FROM A PHYSICAN MAY BE REQUIRED.

I certify that the above information is accurate and correct and I recognize that providing false of misleading information may result in disqualification without recourse or refund as well as possible expulsion from the STEPHENVILLE TAE KWON DO CLUB; AND, I understand that the information provided is for medical purposes to be maintained on file with the club for a period of 60 days following the event and may be disclosed to the tournament host's as well the club's medical and legal professionals and insurance provider in the event of injuries sustained from my participation in the said competition. AND; I understand that Tae Kwon Do is a full contact sport and therefore I am fully aware that in participating in this sporting activity, there are some inherent risks attached to it that may cause injury. Without listing the generality of the foregoing, I release STEPHENVILLE TAE KWON DO CLUB, its coaches, instructors and directors from any recourse from injuries sustained in the said event.

For parents/ legal guardians of athletes under 18: I hereby permit my child to participate in the competition listed above and in the event of a medical emergency, I hereby permit the STEPHENVILLE TAE KWON DO CLUB coaching staff to obtain medical care for my child.

COMPETITOR PARENT/LEGAL GUARDIAN DATE

UNLESS YOU HAVE A LETTER FROM A PHYSICIAN STATING OTHERWISE THE USE OF A MOUTHGUARD IS MANDTORY.