

Registration & Medical Release Form (DEADLINE TO SUBMIT: MARCH 29th)

Name: _____

Dojo Name/Province: _____

Gender: _____ Age: (as of April 20) _____ Rank/Belt Color: (As of April 20): _____

Individual Categories: (please check the event(s) you will be competing in)

- Individual Kata
 Individual Kumite
 Individual Kumite (Kogo-female)
 Team Kata
 Team Kumite (brown/black belt)
 Fuku-go (brown/black belt)
 En-bu (male/female - brown/black belt)

1. I represent that I am in good health and my medical history is as follows (please check yes or no for each):

	Yes	No
Heart Murmur		
Hypertension		
Recent Infection		
Bone Fracture within past 6 months		
Concussion or head trauma		
Seizures		
Eye injury (or loss of vision in one eye)		
Nose injury		
Bone bruise requiring padding		
Kidney injury		
Drug Allergies		

	Yes	No
Bleeding Disorder		
Syncope or fainting spells		
Joint injury		
Spinal injury		
Neck injury		
Facial Injury		
Ear injury		
Hepatitis		
Sexually transmitted diseases		
Currently taking medications		

It is imperative that this history be complete and accurate. It is essential to list all past and current medical conditions. Failure to do so may put you and other competitors at risk of extreme injury or death.

If you check any boxes please describe in detail: _____

2. I acknowledge that participation in this tournament may put me at risk of potential injury. I assume the risk of any and all such injury. I agree to and hereby release and hold harmless the SKA, the tournament organizing committee, its medical personnel, officials, officers, directors, employees and all tournament volunteers, of any and all liability of any kind or nature whatsoever, including but not limited to liability for negligence.

_____ Date

_____ Athlete's signature

_____ Parent/guardian signature if under 18