



EUROPEAN SHINKYOKUSHIN CHAMPIONSHIPS SENIORS & JUNIORS 11-12 MAY 2018 WROCLAW POLAND

PARTICIPANT'S HEALTH INFORMATION AND DECLARATION FORM

Do you use visual correction? No glasses ☐ Contact lenses ☐

Do you take any medicine for Yes ☐ No ☐
(if yes, write medicine, doses, etc. on the back of this paper)

Diabetes? Yes ☐ No ☐

Allergy? Yes ☐ No ☐

Asthma? Yes ☐ No ☐

Epilepsy? Yes ☐ No ☐

Cardio-vascular disorders Yes ☐ No ☐

Do you use any other medication? Yes ☐ No ☐

What kind of:

Have you been unconscious before? Yes ☐ No ☐

Do you suffer from any present or previous injuries? Yes ☐ No ☐

Which

If you are female:

Pregnant/signs of pregnancy? ☐ No ☐ Yes = PARTICIPATION NOT ALLOWED

Incorrect or missing statements may cause rejection of your participation in European Championship 2018. Your information will not be registered and are used for EC 2018 only.

Supportive and protective bandage is not allowed in the first fight. All bandages must be authorized before use by one of the official doctors. Participation in European Shinkyokushin Championship in Wrocław, Poland 2018.05.11-12 is at the own risk.

I, the undersigned, do hereby swear that I will obey the rules of this tournament and fight fairly, and that the organizer will not be responsible for any injuries/accidents that will occur during the tournament. I accept the statements above and declare my information to be correct.

Fighters signature

date