PARTICIPANT STATE OF HEALTH – SWISS – OPEN 2015

***Participant (full name)*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Kumite (Weight [kg] \_\_\_\_\_\_\_\_

Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male Female

Do you use visual correction? No Yes, glasses Yes, contacts

Do you take any medicine for

*If yes, please provide all relevant information (type, doses, …) in the notes section.*

Diabetes No Yes

Allergy No Yes

Asthma No Yes

Epilepsy No Yes

Cardio-vascular disorders No Yes

Any other conditions No Yes

Have you been unconscious before? No Yes date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you suffer any current or previous injuries? No Yes

*If yes, please provide all relevant information below or in the notes section.*

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Are you in good health? No Yes

Pregnant / signs of pregnancy? No Yes

*Participation will not be allowed if yes.*

Medical certificate attached? No Yes

*Participation will not be allowed if no.*

Additional notes and information

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Terms & Conditions***

Incorrect or missing statements may cause disqualification.

Attach a medical certificate approving your participation from your physician to complete this form.

All health information will be used for the sole purpose of your safety during the Swiss - Open

Championship 2015. It will be made available to the Swiss-Open 2015 Committee and medical personnel upon request.

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 Swiss-Open Championship Shinkyokushin 2015 is at the participants own risk.

I accept the statements above and declare all information provided to be correct. (Two pages

and attachments.)

Your full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If underage by local law or if under 18 years old the name / signature of the official guardian is*

*required.*

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please present this form when registering at the participants’ official weighing & check-in.***