



Health information for: _____
(name, surname)

Country: _____ Date of birth: _____ Age: _____ years

Sex: Male Female Weight: _____, ___Kg Kumite Kata

Do you use visual correction? No Yes glasses Yes contact lenses

Do you take any medicine for - (if yes, write medicine, doses, etc. on the back of this paper)

Diabetes? No Yes

Allergy? No Yes

Asthma? No Yes

Epilepsy? No Yes

Cardio-vascular disorders No Yes

Do you use any other medication? No Yes

Have you been unconscious before? No Yes date: _____

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

Do you feel in good health? Yes No

Other relevant health information:

If you are female:

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

Incorrect or missing statements may cause rejection of your participation in **ROMANIAN INTERNATIONAL CUP 2019**.

Your information will not be registered and are used for **ROMANIAN INTERNATIONAL CUP 2019** 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 ROMANIAN INTERNATIONAL CUP 2019 FOR U 12 ,U 14, U 16, U 18 , U 21, Adults and Masters 40 + KUMITE and KATA SEPTEMBER 28th, 2019 is at the fighters own risk.

I accept the statements above and declare my information to be correct.

Date: _____ Names, signature: _____

/ parent or guardian /

This form is to be filled out and shown at the tournament registration.

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