



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 2020**.

Your information will not be registered and are used for **ROMANIAN INTERNATIONAL CUP 2020** 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 2020 FOR U 10, U 12 ,U 14, U 16,U 18 , KUMITE and KATA DECEMBER 19<sup>th</sup>, 2020 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.

TIUCA DAN SIMION - A.C.S. ROKAN  
IBAN EURO: RO67 BTRL 0330 4201 A765 02XX  
Swift code: BTRLRO22 BANK TRANSILVANIA SIBIU

Sensei DAN TIUCA  
info@fullcontactkarate.ro  
Mobile phone: 0040 788 330 096

[www.fullcontactkarate.ro](http://www.fullcontactkarate.ro)