## 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you suffered from a KO before? No Yes date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
*If you suffered a knock-out during the past two months, participation will not be allowed.*

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 1st EFKC. It will be made available to the EFKC 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 1st European fullcontact karate championship 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.
(You will find all available time slots & locations at the official hotels.)