

Competitor's Medical Questionnaire

**** Required for Each Judge and Competitor ****

The International Shotokan Karate Federation, East Coast Shotokan Karate Association, Tora Shotokan Karate Club and Flatbush Shotokan Karate Dojo reserve the right to not allow an individual to compete in the 2019 International Shotokan Karate Federation East Coast Karate Championship based on an underlying medical condition. Your application fees will be returned to you if you are not allowed to compete.

First Name:

Last Name:

Sex: Male Female

Age (on 4/13/19) :

Rank (kyu/dan):

Club:

Instructor:

Emergency Contact

Name:

Phone:

Relationship

Do you have a history of any of the following conditions?
(Answer Yes or No to EACH condition. If yes to any, please explain)

Yes

No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Heart murmur |
| <input type="checkbox"/> | <input type="checkbox"/> | Hypertension |
| <input type="checkbox"/> | <input type="checkbox"/> | Recent infection |
| <input type="checkbox"/> | <input type="checkbox"/> | Bone fracture in the past six months |
| <input type="checkbox"/> | <input type="checkbox"/> | Concussion or severe head injury in past six months |
| <input type="checkbox"/> | <input type="checkbox"/> | Seizures |
| <input type="checkbox"/> | <input type="checkbox"/> | Eye injury |
| <input type="checkbox"/> | <input type="checkbox"/> | Severe bone bruises requiring padding |
| <input type="checkbox"/> | <input type="checkbox"/> | Kidney injury |
| <input type="checkbox"/> | <input type="checkbox"/> | Blood-borne contagious disease (e.g., HIV/AIDS, hepatitis) |
| <input type="checkbox"/> | <input type="checkbox"/> | Other relevant conditions |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergy to medication (list all): |

Are you presently taking any medications?

Yes No

If so, please specify:

Signature of Contestant: _____

Date:

Signature of Parent/Guardian: _____

Date:

(for contestants under 18 yrs)

IMPORTANT: Form is not valid unless all questions have been answered, and form is signed and dated.

Waiver/Release Agreement

**** Required for each Official, Judge, Competitor, and Staff member ****

56th Annual International Shotokan Karate Federation East Coast Karate Championship

In participating in the International Shotokan Karate Federation (ISKF) East Coast Karate Championship, I understand and accept that:

- My participation in the championship is voluntary.
- I understand that there are risks and dangers inherent in martial arts training and in participating in and receiving instruction at the championship. I assume full responsibility for all risks associated with the championship, including my personal injury, death, or property damage.
- I will not sue or make any demands or claims against the International Shotokan Karate Federation, the East Coast Shotokan Karate Association, Tora Shotokan Karate Club, Flatbush Shotokan Karate Dojo and their officers, directors, instructors, members, judges, officials, representatives, and volunteers, Nazareth Regional High School, Eon Waldron, and Maynard Miner (collectively "Organizers") for personal injury or property damages or loss related to my participation in the championship. **THIS WAIVER INCLUDES, BUT IS NOT LIMITED TO, INJURY OR LOSS CAUSED BY, OR ARISING FROM, ORGANIZERS' NEGLIGENCE.**
- I am solely responsible for insuring myself and my property at the championship.
- I will pay medical fees or costs related to my participation in the championship and will not seek reimbursement or contribution from the Organizers.
- The Organizers are not responsible for any incidental, consequential, or exemplary damages of any kind even if they are notified in advance that those may occur.
- The Organizers or their designees may use my name, image, or likeness in any media relating to the championship without paying me for that use.
- This Agreement is binding on me, my family and heirs and assigns.
- If I sign this Agreement on behalf of my minor child, I agree that all this Agreement's terms apply to me.

I have read this release and understand all of its items. By registering for this championship and signing this waiver, I agree to all of these terms and conditions.

Participant's First Name:

Last Name:

Signature of Contestant: _____

or of parent/guardian for contestants less than 18 years of age

Date:

Street Address:

City:

State:

Zip:

Signer is: Participant Parent or guardian of Participant

Parental Consent and Release Form

This form is for minor participants and must be filled out by a Parent or Legal Guardian. Please print clearly and supply all the information.

First Aid

I hereby give permission for the doctor, nurse, nurse practitioner or medical staff at the 2019 International Shotokan Karate Federation East Coast Karate Championship to administer minor first aid or seek emergency medical care for my son/daughter

Child's First Name:

Last Name:

During his/her participation at the championship, I understand that this permission covers the average emergencies such as, but not limited to, strains, sprains, cuts, bruises, scrapes, bumps, skin rashes, minor bites, allergic reactions, upset stomach, diarrhea, minor burns, suspected minor fractures, fevers, and other similar occurrences. This permission is valid only during the championship.

Emergency Care

If my child needs emergency medical care, I hereby give permission for my child to be treated in the emergency room and by the medical professionals of the hospital or medical center nearest to or most easily accessible to the championship. This permission includes, but is not limited to, fractures, allergic reactions, minor concussions, contusions, lacerations, foreign bodies in the eyes or skin, fevers, diagnostic x-rays, suturing, minor burns, etc. I also give permission for my child to receive a tetanus booster (if needed). I understand that in cases of major significance, such as a fracture, appendicitis, or any illness or injury which would require admission to a hospital, more consents will be necessary for treatment. If such a situation should arise, I further understand that the hospital and championship representatives will make every attempt to reach me.

I have signed and attached the Waiver and Release form for my child.

Signature of Parent/Legal Guardian: _____

Date:

Print Name:

Emergency Contact Number: