



**Please provide the following information to assist us with your safety**

Are you currently taking any medication? (Describe)

.....

Are you allergic to any medication? (Describe)

.....

Do you suffer from any of the following conditions?

Asthma

heart condition

Epilepsy

Diabetes

Other Medical condition (details)

.....

**Note: It is the responsibility of participants to inform organisers and first aid of any pre-existing medical conditions, and to supply appropriate medication if needed.**

**DECLARATION AND WAIVER**

I, the undersigned, in consideration of, and as a condition of acceptance of my entry in the event hosted by 'Toogee Taekwon-do' for myself, my heirs, executors and administrators hereby waive all and any claims, right or cause of action which I or they may otherwise have, for or arising out of loss of my life or injury or damage or loss of any description whatsoever; which I might suffer or sustain in the course of, or consequent upon my entry in the said event.

I ..... declare that all the information given above is correct, and give authority to qualified medical staff to administer any treatment they feel appropriate in the possible event of injury.

I certify that I am the parent/guardian of ..... who will be ..... years of age on the day of the event, and has my consent to compete in this event. I have checked that all of the information on this form is true and correct, and understand the conditions of entry.

Signature of Competitor ..... Date .... / .... / .....

Signature of Parent/Guardian..... Date .... / .... / .....  
(If Competitor is under 18 years of age)

Signature of Instructor ..... Date .... / .... / .....

Entry Fee total: \$ \_\_\_\_\_  
*Maximum total fee of \$45 without late fees.*