

Budo cup

Medical and acceptance note

Name of participant: _____

Do you use glasses or contact lenses ? No Glasses Contact lenses

If you use medicine for: (Write medicine, dosage, etc. on the back of this paper).

Diabetes No Yes

Allergy No Yes

Asthma No Yes

Epilepsy No Yes

Cardiovascular diseases No Yes

Do you use medicine in general? No Yes

Have you ever been unconscious? No Yes Date: _____

Do you have any injuries? No Yes

If so, explain injuries: _____

Do you feel well and healthy? No Yes

Other relevant information / disorders, the organizer should be aware of?

- This information is intended for medical use on event day and will not be registered.
- It is not allowed to participate in the tournament, if you have injuries.
- Bandages must be approved by the centre referee.
- Participation is at your own risk.

The undersigned agrees with the above and acknowledges the correctness of the given information.
If the participant is under 18 years old, this paper must be signed by a parent or guardian. Signature will also be an approval of the child / junior's participation at the event.

Deltager/forældre eller værge: _____ Dato: _____