

Ballerup Challenge Cup 2016

Health information for (first name, surname): _____

Age: _____ years Sex: Male Female Weight: _____, _____ Kg

Do you use visual correction? No Yes glasses
Yes contact lenses

Do you take any medicine for

-diabetes	No <input type="checkbox"/>	Yes <input type="checkbox"/>
-allergy	No <input type="checkbox"/>	Yes <input type="checkbox"/>
-asthma	No <input type="checkbox"/>	Yes <input type="checkbox"/>
-epilepsy	No <input type="checkbox"/>	Yes <input type="checkbox"/>
-cardio vascular disorders	No <input type="checkbox"/>	Yes <input type="checkbox"/>
-do you use any other medication?	No <input type="checkbox"/>	Yes <input type="checkbox"/>

(If you have answered yes to one or more of the questions above please write which medicine and the doses on the back of this paper)

Have you ever been unconscious? No Yes date: _____

I yes, what was the reason (if known) _____

Do you suffer from any present or previous injuries?

No Yes

If 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 information may cause rejection of your participation in BALLERUP CHALLENGE CUP 2016. The information is not registered and is used for BALLERUP CHALLENGE CUP 2016 only.

Supportive and protective bandage is not allowed in the first fight. All bandages must be authorized by one of the official doctors before use. Participation in BALLERUP CHALLENGE CUP 2016 is at the fighter's own risk.

I accept the statements above and declare that the given information is correct.

Date: _____ Fighters Signature: _____