



THE 5TH YONG-IN UNIVERSITY PRESIDENTIAL CUP

International Tae Kwon Do Championship

Friday, 29 July 2011 and Saturday, 30 July 2011, Greensboro, NC



MEDICAL QUESTIONNAIRE FORM

(This form is mandatory for all competitors)

Please circle the (Y) for yes or (N) for no.

1. Do you have any allergies to any medications? **Y** **N**

If you answered yes, please indicate which medications. _____

2. Do you take any medications regularly? **Y** **N**

If you answered yes, please indicate which medications. _____

3. Do you wear contact lenses? **Y** **N**

4. Do you have a history of any of the following conditions?

Epilepsy (seizures) **Y** **N**

Lung disease **Y** **N**

Heart disease **Y** **N**

Diabetes **Y** **N**

High blood pressure **Y** **N**

If you answered YES to any part of question four, please complete question five.

5. I hereby state that I am under the care of a physician for the treatment of _____

and that I have been medically cleared by that physician to participate in this tournament.

Please read carefully:

I hereby certify that the above information is true and accurate to the best of my knowledge and hereby agree that I WILL NOT be permitted to participate in this tournament if this MEDICAL QUESTIONNAIRE FORM is not completed and returned prior to the 2011 U.S. YONG-IN UNIVERSITY PRESIDENTIAL CUP INTERNATIONAL TOURNAMENT.

COMPETITOR'S SIGNATURE: _____ **DATE:** _____

If competitor is under age 18, this must be signed by parent or legal guardian.

PARENT/LEGAL GUARDIAN SIGNATURE: _____ **DATE:** _____

CERTIFICATION:

Competitor's Name: _____ **AGE:** _____

Parent's Name: _____ **Home Phone:** _____

Home Address: _____

If you are a minor (under 18 years old) and will be at the tournament without a parent, the statement below must be read and signed by a parent or legal guardian and returned prior to participating in any competition or event. The undersigned competitor (parent or legal guardian of the competing minor) represents that he has the authority to consent to the medical care and treatment of such a competitor (or competing minor) by the designees of 2011 U.S. YONG-IN UNIVERSITY PRESIDENTIAL CUP CHAMPIONSHIP.

PARENT/LEGAL GUARDIAN NAME: _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____ **DATE:** _____