

Karate Competitors

All kumite competitors are required to submit a medical report. This report contains two parts. Part A is medical history questionnaire that each kumite competitor shall complete. Part B is a medical examination report to be completed by a licensed physician, and is required of kumite competitors who have significant health problems as related in Part A. If the answers to part A are all 'No', then part B need not be completed.

The medical report must be submitted at the time of registration for a tournament, to the tournament director, for review by the medical director.

The medical director will determine if a competitor is or is not medically fit to compete in Kumite. Please note that no medical examination report is required of Kata-only competitors.

All competitors should be aware of the following:

1. No tapes, splints or protective equipment may be worn during kumite matches without the approval of the tournament medical director. Exceptions are approved protectors, e.g., scrotal protectors, fist protectors, and shin pads. A mouth guard is compulsory for kumite competitors.
2. Approved safety sports glasses will be permitted. Athletes who compete in international competitions may not be permitted to use safety sports glasses, but may be required to use soft contact lenses pursuant to international rules. Regular eyeglasses are not allowed in Kumite.
3. If a competitor is injured during a match and is determined to be medically unable to continue that match, he may not compete in another match during the same tournament without first obtaining medical clearance from the tournament medical director.
4. Disqualification following an injury may result in either the injured competitor or his opponent being declared the winner. The circumstances under which the injury occurred will be considered by the referee and judges in deciding who is the winner.
5. In the interest of safety, all finger and toenails must be trimmed short.
6. No personal jewelry may be worn during kumite, including jewelry in non-visible areas.
7. All competitors are advised to see their regular physician for follow-up medical examination of injuries suffered during the tournament. It should be noted that the full extent of some injuries may not manifest themselves until some time following the injury, e.g., abdominal injuries or head injuries. Hence, anyone who has continuing symptoms or who is concerned about an injury should consult his or her physician.

Acknowledgment and Release

By his/her signature below, the Tournament Competitor ('Competitor') or Parent/Guardian if under 19, acknowledges that he/she has read the 'Note to Karate Competitors' above, and that the requisite information required in this form has been disclosed. The Competitor expressly confirms that he/she has disclosed all illnesses, injuries, ailments, symptoms, or medical conditions of any kind whatsoever suffered or sustained by the Competitor as requested in the Medical Examination Report. It is also understood that the Competitor will consult his/her physician for a physical examination should an examination be requested by the Tournament Medical Director.

Furthermore, the Competitor hereby releases Karate BC, its employees, agents, successors, assigns, directors or volunteers from any and all liabilities arising out of or connected with any loss, damage, injury or expense suffered or sustained by the Tournament Competitor as a consequence of or in connection with his/her participation in the Tournament Competition or any activity related thereto.

KBC Membership # _____

BLACK BELT INSTRUCTOR:

Name: _____

Signature

Address

TOURNAMENT COMPETITOR:

Name: _____

Signature (Parent/Guardian if under 19)

Address

****Privacy Disclosure: Medical and personal information contained within will be available for review by members of the Association's Medical committee and their assistants. In the event of injury, a competitor's information may be shared with health care providers assisting that athlete. Signing this form gives consent to said use of a competitor's personal information.***

*** Results from this event may be published in media. Please indicate if you do not want your name included in publication of this event. I wish my name excluded from publication of this event:**

Dated this _____ day of _____, 2011 _____

Signature (Parent/Guardian if under 19)

MEDICAL EXAMINATION REPORT

PART A – TO BE COMPLETED BY ALL KUMITE COMPETITORS

Name: _____ Date of Birth: _____ Age: _____ Male/Female

Address: _____

Club Affiliation: _____ Rank: _____

1. Have you any disease of the eyes? Yes / No
2. Do you have a hearing loss? Yes / No
3. Do you have fainting spells, blackouts or epilepsy? Yes / No
4. Have you had a head injury within the past year? Yes / No
5. Do you have bronchial asthma? List treatment below. Yes / No
6. Do you have any active lung infection including TB? Yes / No
7. Do you have any heart disease or high blood pressure? Yes / No
8. Do you have an active kidney disease, infection or failure? Yes / No
9. Do you have any loss of all or part of a limb? Yes / No
10. Do you have decreased movement in any limb, joint or spine? Yes / No
11. Do you have any muscle or joint disease? Yes / No
12. Do you have diabetes? Yes / No
13. Do you have hepatitis or any other blood borne communicable disease? Yes / No
14. Are you taking any medication? Yes / No
15. Do you have allergies to any medications? Yes / No
16. Have you had any recent operations, fractures or major illness? Yes / No
17. Do you have any disease or disability not mentioned above? Yes / No

If answer was "Yes" to any of above questions, give details and obtain medical clearance from physician to compete. {Information provided not confidential}

I hereby declare that I have read the above information and that, to the best of my knowledge, it is complete and correct.

Name

Date

Signature

Signature of Parent or Guardian (under 19)

MEDICAL EXAMINATION REPORT

PART B – TO BE COMPLETED BY EXAMINING PHYSICIAN (only if yes to any items on Part A)

Name: _____

Weight: _____ Did you weigh? Yes / No

Height: _____ Did you measure? Yes / No

Pertinent Medical History:

	Normal	Abnormal	Details of Positive Findings
1. Eyes (lids conjunctiva, cornea, pupils, fundi)			
2. Ears (auditory canals, tympanic membranes, patency of eustachian tubes)			
3. Nose, throat (airway, speech impediment, tonsils, etc)			
4. Nervous system (concussion sequelae; tendon reflexes, tremors, gait)			
5. Respiratory system (thorax, lung fields)			
6. Cardiovascular system (heart size, rhythm, sounds, murmurs: peripheral circulation and varicosities)			
7. Gastro-intestinal system (abdominal scars, enlarged organs or hernia, hemorrhoids)			
8. Genito-urinary system (varicocele, hydrocele, particularly with hernia)			
9. Locomotor system (amputations, deformities, restriction of movement of limbs or spine)			
10. Lymphatic system and thyroid			
11. Skin (including evidence of allergy)			
12. Blood pressure readings:	1 st	Additional	
	s. _____	_____	
	d. _____	_____	
13. Pulse			

VISUAL EXAMINATION

	Distant Vision				Near Vision			
Right Eye	/	corrected to	/		/	corrected to	/	
Left Eye	/	corrected to	/		/	corrected to	/	
Both Eyes	/	corrected to	/		/	corrected to	/	

Examining physician's opinion: The Karate student named above is medically ____ fit / ____ unfit to participate in competitive free sparring.

Physician's Signature

Date

Address (use rubber stamp if available)

CONTRA-INDICATIONS TO ATHLETIC PARTICIPATION IN SPORTS

Contact Sports: Football, Wrestling, Basketball, Baseball, Soccer, Rugby, Lacrosse, Boxing, Hockey, Judo, Karate

	Absolute Contra-Indications	Relative Contra-Indications
Neurological	<ol style="list-style-type: none"> 1. Concussion with loss of consciousness-out of tournament 2. Two concussions-out for the season 3. Three concussions-out of contact sports 	<ol style="list-style-type: none"> 1. Epilepsy (convulsions) if self controlled-no seizure one year-participation permitted 2. A major convulsion after head injury without evidence of epilepsy-this is in concussion category: i.e. two convulsions-out for the season, etc.
Eye	<ol style="list-style-type: none"> 1. Blindness in one eye 2. Recent intraocular operation 3. Presence of intraocular lens 	<ol style="list-style-type: none"> 1. Retinal detachment-ophthalmological consultation mandatory 2. Active eye infection, e.g. Conjunctivis 3. Defective lid closure 4. Corneal anesthesia
Respiratory	<ol style="list-style-type: none"> 1. Any active lung infection including TB 	<ol style="list-style-type: none"> 1. Bronchial asthma-participate to tolerance
Cardio-vascular	<ol style="list-style-type: none"> 1. Abnormal enlargement of the heart 2. Heart murmurs recognized as <ol style="list-style-type: none"> a) mitral stenosis b) aortic stenosis 3. Infection in the heart 	<ol style="list-style-type: none"> 1. Resting blood pressure over 140 systolic and 90 diastolic (high blood pressure)-investigate before participation
Endocrine		<ol style="list-style-type: none"> 1. Diabetes if poorly controlled
Abdomen	<ol style="list-style-type: none"> 1. Partially descended testis in position subject to injury 2. Any enlarged major abdominal organ (liver, spleen, kidney) 	<ol style="list-style-type: none"> 1. Inguinal hernia (rupture)
Genital Urinary System	<ol style="list-style-type: none"> 1. One kidney missing or seriously damaged 2. Active kidney infection 	<ol style="list-style-type: none"> 1. One testicle missing
Musculo Skeletal	<ol style="list-style-type: none"> 1. Incomplete healing of wrist fracture 2. Arthritis in the back (vertebrae column) 3. Active hip disease 	<ol style="list-style-type: none"> 1. Instability of knees 2. Recurrent shoulder dislocation 3. Osgood Schlatters if pain present on movement 4. Amputees
Hematological	<ol style="list-style-type: none"> 1. Coagulation defects 	
Skin		<ol style="list-style-type: none"> 1. Active bacterial infection 2. Active herpes simplex (cold sores) 3. Severe cystic acne

Take this reference to physician if required for completion of Medical Examination Report

Registration for the Zone 3 playoffs – Due September 27, 2011

1. Type/write the athlete's name with the correct spelling. Ensure to include their birth date.
2. Every athlete must sign a release form. Kumite athletes must fill out the medical forms. Please include them with this form and cheque Payable to Tania Zink.

Name of Athlete include phone # or email	Birthdate (ie. Sep 21, 1992)	Age on Nov 26 2011	Age on Mar 16 2012 (for elite divisions)	Belt Color or Kyu	Please indicate your intention to compete in kata and/or kumite , team kata or team kumite	Maximum \$100/family \$20/event prior to September 27, 2011 (\$25 after deadline)
				Weight Kg		
_____				Kyu	Kata <input type="radio"/> Kumite <input type="radio"/> Team Kata <input type="radio"/> Team Kumite <input type="radio"/>	
_____				Kg		
_____				Kyu	Kata <input type="radio"/> Kumite <input type="radio"/> Team Kata <input type="radio"/> Team Kumite <input type="radio"/>	
_____				Kg		
_____				Kyu	Kata <input type="radio"/> Kumite <input type="radio"/> Team Kata <input type="radio"/> Team Kumite <input type="radio"/>	
_____				Kg		
TOTAL						

Questions? Contact:

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