



## COVID-19 HEALTH & MEDICAL QUESTIONNAIRE

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Club Name \_\_\_\_\_ Instructor's Name \_\_\_\_\_

Age: \_\_\_\_\_ Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please Tick all  
Disciplines Entered:

 Ring Sports Light Cont. Kick Light Points Fighting Musical Forms

	YES	NO
I confirm that the person named on this form has done a Lateral Flow Test / PCR test within 48hrs before arriving at this event and that the result is Negative.		
I confirm that there is no known medical reason why the person named on this form should not be competing at this event.		
I confirm that the person named on this form has not been KO'd in the last 90 days		
I confirm that the person named on this form is fit to fight.		

<i>Females only</i>	YES	NO
I confirm that the person named on this form is not pregnant		

- I release the event promoter, WAKO GB, WAKO GB's officers, the WAKO GB organising committee, WAKO GB members and its volunteer committee and referees from any claims and any loss or damage sustained while participating in the above mention event
- **I understand and I am fully aware that I am participating in a contact sport and may, in the normal course of events, sustain an injury while competing.**
- I assume full responsibility for all of my actions during and connected with this event. I also agree that my attendance and/or performance may be photographed or filmed and used by WAKO GB, event promoter and/or their respective authorised agents. I waive any compensation thereof.
- I will treat my fellow competitors, officials and referees with Respect, Integrity, Fair Play and Honour.

**DECLARATION: By signing this form, I confirm the above statements to be correct.**

Date \_\_\_\_\_

Signature of athlete (or parent/legal guardian if under 18yrs) \_\_\_\_\_

\* Hand in at the onsite registration