

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_  
(day) (month) (year)

Address:

\_\_\_\_\_  
(Street) (City) (Prov/State) (Postal/Zip)

Home Telephone: ( ) \_\_\_\_\_

**Competitor Profile**

Height: \_\_\_\_\_ Years in Training: \_\_\_\_\_

Country (Province or State) of Training) : \_\_\_\_\_

**Medical Information**

Illness: \_\_\_\_\_

Health Card #: \_\_\_\_\_

Medication: \_\_\_\_\_

**Emergency Contact #1:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Telephone : ( ) \_\_\_\_\_

**Emergency Contact #2**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Telephone : ( ) \_\_\_\_\_

In case of emergency the above emergency contacts will be notified. If the participant is found to be fighting, or found to be disrupting the atmosphere, they may be removed from the tournament. Any participant found to be under consumption of alcohol or under influence of any non-medically prescribed drugs will be removed from the tournament. No competition organizer, supervisor, management committee or organizations affiliated with the Yudh Gatka Tournament will be held responsible for any injuries obtained by any participants during the tournament. Each participant accepts all of the rules of the competition as posted on <http://www.yudh.net>.

I hereby understand and acknowledge to accepting the above and accept the competition rules:

\_\_\_\_\_  
Participant Signature Print Name Witness Date\_\_\_\_\_  
Parental Signature Print Name Witness Date