

Name: _____

Date of Birth: _____ / _____ / _____
(day) (month) (year)

Age: _____

Address:

(Street)_____
(City)_____
(Prov/State)_____
(Postal/Zip)

Home Telephone: () _____ Email: _____

Competitor Profile

Height: _____ Years in Training: _____ Category:(Fight/Display)

Country 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