



MARTIAL ARTS

MASA (Martial Arts South Africa)

SOUTH AFRICA

TOURNAMENT/EVENT ENTRY & LIABILITY FORM



Tournament/Event name: _____ Date: _____

Athlete Name & Surname: _____

Athlete current age: _____ Contact number : _____

Athlete home address : _____

ATHLETE/PARENTAL DECLARATION

I, _____ hereby declare that I am/my child is fit and in good health and can participate in this MASA event. Currently I am not/my child is not on any medication or any form of drugs or medication. If the competing athlete is a minor (any person under the age of 19 years of age), the parent parent(s) and/or legal guardian has been notified either personally, telephonically, or electronically of the minor athlete's intention to compete in the MASA event electronically and has given his/her/their permission to do so. Athletes/Parents/Guardians accept that they will compete at their own risk and carry the inherent risk of injury that may be light and also serious. This risk will be carried solely by the student and/or their parent/ guardian, and no trainers and/or instructors, event organizers, helpers, and officials will be held liable for any claim resulting from delict and/or injury while competing within the event facility. I also exempt the event organizers, trainers, helpers, and officials of all cases of personal injury that may occur at the event and that the First Aid/Medical response officials may attend to me/my child when injured. Should I/my child have to receive any treatment at a hospital or any medical institution due to any injury, I will be responsible to pay my own expenses.

FEMALE PREGNANCY DECLARATION

As an athlete/child over the age of 14 years old, I declare that I/my child is NOT pregnant.

Sign: _____ Name: _____ Date: _____

DENTAL BRACE DECLARATION

I confirm that I/my child has been fitted with a dental brace. I/my child has been provided with normal protection to the mouth, gums and teeth and the dental brace itself. I acknowledge that I/my child will at more risk for a mouth injury and/or damage to the braces than any other person taking part in this MASA competition.

Sign: _____ Name: _____ Date: _____

EMERGENCY CONTACT DETAILS

Contact person: _____ Relationship _____ Cell : _____



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I understand this indemnity form clearly and was not unduly influenced to sign it. I sign this form freely and voluntarily and understand that should I/my child get any form of injury that it will not be due to the negligence of the event organizers, trainers and/or instructors, helpers, officials or any other person involved.

Signed at _____ this _____ day of _____ 20 _____

Athlete Signature Parent's

Signature (if U19 years)

Instructor Signature

Cell : _____

Cell : _____

Cell : _____

MEDICAL QUESTIONNAIRE

PLEASE INDICATE YES OR NO TO THE FOLLOWING QUESTIONS	Yes	No
Were you ill within the last 14 days?		
Do you use any medicine on a regular basis or within the last 14 days?		
Do you suffer from regular headaches?		
Have you been concussed in the last 6 weeks?		
Have you ever been hospitalized?		
Were you born with any deformities or missing body parts?		
Do you have Hypertension (high blood pressure)?		
Do you suffer from asthma?		
Have you ever fainted during or after a training session?		
Have you ever had any chest pain during or after a training session?		
Have you ever been diagnosed with any skin diseases?		
Do you have any dermatological (skin) conditions at the moment?		
Do you ever had any issues related to your bones, joints, tendons, or muscles?		
Do you use any supplementation for training or meal replacements at the moment?		
Are you currently on a meal restrictive diet?		

If yes to any question, please provide further details:



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ATHLETE MEDICAL (TO BE DONE AT THE WEIGH-IN)

Weight _____ Pulse : _____ BP: _____ Lungs clear : _____

Remarks : _____

THE ATHLETE MAY / MAY NOT PARTICIPATE IN EVENT

_____	_____	_____
Physician/Paramedic/Doctor Signature	HCPSA Number	Physician/Paramedic/Doctor Name &
Surname		
_____	_____	_____
MASA Official Signature	Date of examination	MASA Official Name & Surname