



Please tick YES or NO to the following questions and statements.  
(If the answer is YES to any of these questions, please give details.)

Do you have any allergies? e.g. aspirin; antibiotics; foods?  YES  NO

Are you taking any form of medication at present?  YES  NO

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

### DOCTOR'S DETAILS:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### EMERGENCY CONTACT DETAILS:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Other No: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone No: \_\_\_\_\_ Other No: \_\_\_\_\_

### DECLARATION (Delete as applicable)

I / my son / daughter is capable of taking part in the GKR Karate Tournament. I am willing to allow my son/daughter to participate in the above activity and confirm that they will be attending the tournament with/without a parent/guardian/ a nominated person who has agreed to supervise my child. In the event of illness or injury, I agree to authorise members of staff attending/participating in the event to consent on my behalf for an anaesthetic to be administered or any other urgent medical treatment to be given on the advice of a qualified medical practitioner/qualified first-aid officer.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please print): \_\_\_\_\_





**Competitor Entry Fees:  
Spectators:**

**NO ENTRIES WILL BE ACCEPTED ON THE DAY**  
All fees are strictly non refundable

**Competitors Safety Equipment Is Compulsory For Kumite**

Gloves (IGKF/WKF approved only). Either red or blue is acceptable, except in Open divisions where competitors will require both colours.

Shin Protectors and Mouth Guards must be worn by all competitors. Groin Guards for all male competitors are compulsory. Chest Guards are compulsory for all female competitors from 12 yrs+.

**NB:** 1. Competitor to keep this page for tournament details.  
2. Competitor must hand in entry form along with fees to instructor.