

2008 KEES CANADA CUP  
Friday, April 4th, 2008  
Calgary, Alberta, Canada

ATHLETE MEDICAL FITNESS FORM

This Form Must Be Completed Or Your Application To Compete Will Not Be Accepted

Personal Information

First Name:				Last Name:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	Date of Birth:	/	/	mm/dd/year		
Home Address:	City:	Province:	Postal Code:				
Telephone: (    )	Email:						
Provincial Health Card or Medical Card #:	Expiry Date (if applicable):	/	/	mm/dd/year			
Emergency Contact Name:	Phone: (    )						

I fully understand that any medical treatment given to me during the 2008 KEES CANADA CUP Taekwondo Championships will be by a licensed medical doctor, Emergency Medical Technician (EMT or Paramedic) or certified First Aid Attendant. I hereby give permission that in case of emergency (in the opinion of a certified medical professional) that I may be transported at my own expense to the hospital by ambulance for further treatment as a precautionary measure.

Medical Information

1. Have you suffered a head injury, loss of consciousness, concussion or blow to the head in the past six months?  
 Yes  No
2. If you answered Yes, what symptoms did you have after the injury?  
\_\_\_ dizziness                      \_\_\_ blurred vision                      \_\_\_ amnesia                      \_\_\_ feeling in a fog  
\_\_\_ tingling                      \_\_\_ headache                      \_\_\_ irritability                      \_\_\_ ringing in the ears  
\_\_\_ numbness                      \_\_\_ nausea                      \_\_\_ vomiting                      \_\_\_ sensitivity to light  
\_\_\_ inability to concentrate                      \_\_\_ seeing flashing lights
3. Of the above symptoms, do you still experience any of these?  
 Yes  No
4. I hereby certify that I have not suffered a concussion, head injury, loss of consciousness or blow to the head followed by dizziness, memory loss or headache in any activity in the past 30 days.

Athlete Signature:	Date:
Guardian Signature (if under 18 yrs):	Date:

Send to: 2008 KEES CANADA CUP  
c/o KEES taekwondo  
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