

ATTACHMENT "A" (MEN AND WOMEN)
KICKBOXING - MUAY THAI - SAVATE - MMA FULL CONTACT RULES

Pre-competition declaration for athletes that participate in K-1 full contact rules

Place and date of the fight: _____

Type of competition (ex.: club, championship, etc.): _____

QUESTIONS FOR THE ATHLETE

Surname and name: _____

Date and place of birth: _____

Nationality: _____ Team/Association/Society: _____

Fighter license n°: _____ Issued by _____

Weight: _____ Date of the last fight: _____ result: _____

Date of the last fight in similar sport (boxing, etc.): _____ result: _____

Have you never had someone of these symptoms last times?

(Write Yes or No in the parentheses)

1. Headaches () () 2. Dizziness () () 3. Nausea or Vomiting () ()
4. Double or blurred vision () () 5. Faint and/or lost of consciousness () ()
6. Convulsions/Seizures () ()

Have you taken any medicine, drug, integrator last 90 days ? () ()

If yes, which? _____

Have you had illnesses or injures last 120 days ? () ()

If yes, what kind ? _____

Date: _____ **Athlete's signature:** _____

QUESTIONS FOR THE COACH

Surname and name: _____

Date and place of birth: _____

Nationality: _____ Team/Association/Society: _____

Coach license n°: _____ Issued by _____

Have you notice any change in your fighter regarding the following ?

(Write Yes or No in the parentheses)

1. Attention or concentration () () 2. Memory () () 3. Speech () ()
4. Behaviour () () 5. Sparring (quickness) () ()

If yes, what kind ? _____

Date: _____ **Coach's signature:** _____

For acknowledgment and acceptance of the qualified physician that effects medical examination

Stamp and signature of physician _____

To deliver in closed envelope to the physician.