

# "SENIOR" COMPETITOR PHYSICIAN APPROVAL

Fighter's Name: \_\_\_\_\_ Date of Event: 10 / 19-20 / 2018

Name of Promoter: RoundKick Promotions, LLC/TBA-SA Name of Promotion: Tournament of Champions 2018

Birthdate of Fighter: \_\_\_\_\_ Current Age: \_\_\_\_\_ State in which event is being held: Iowa

**Notice to the Physician(s) completing this form:** This is a 'pre-fight physical' to confirm the athlete listed above is able to compete in up to three Muay Thai bouts over the course of three days. "Senior" fighters (age 38-55) will fight 'modified' amateur rules which includes punches, kicks and knees to the body (collar bone and down) and only punches and kicks to the head, (Padded Elbows in Class B, Class A and Open Divisions). NO knees to the head in all divisions. If you do not feel this individual's health will support this competition, please mark the form as "Not Approved", sign and email it to pam@tbasanctioning.org

**To be completed by the Physician performing the physical:** Form valid for two years if competitor is age 38-49. One year if over the age of 49.

Blood Pressure: \_\_\_\_\_ Below 145/90? Yes No On BP Medication? Yes No

\*Date of most recent EKG: \_\_\_\_\_ Normal? Yes No Any concerns? \_\_\_\_\_

History of uncontrolled diabetes, high blood pressure or chest pain? Yes No

Explain if yes: \_\_\_\_\_

Knowledge of any type of head injury/concussion? Yes No Date of most recent, if yes: \_\_\_\_\_

Any concerns to prohibit patient from competing? Yes No (please write on back, if yes)

\_\_\_\_\_  
Printed Name of Physician:

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date of Physical

**To be completed by the Ophthalmologist or Optometrist performing the eye exam: Required for ALL competitors. Valid for two years.**

Date of most recent exam: \_\_\_\_\_ Patient clear of Glaucoma Yes No Retinal Disorders Yes No

Any concerns to prohibit patient from competing? Yes No (please write on back, if yes) Contact Lens Wearer? Yes No

\_\_\_\_\_  
Printed Name of Physician:

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date of Physical

**In order for the fighter listed above to compete, please confirm the following:**

1. Fighter has passed an annual medical exam and is declared "fit to fight" with the following elements:

- No history of uncontrolled diabetes, high blood pressure or unexplained chest pain.
- No history of unexplained chronic headaches
- Blood pressure is less than 145/90
- EKG with normal results in previous two years. *\*EKG is required for competitors age 46-55. Not required for competitors age 38-45.*
- Normal eye examination by an ophthalmologist

f. The fighters must bring this form with them to their check-in appointment, containing the signatures of the examining physician(s) who performed their annual physical and eye exam. May be emailed before check in to pam@tbasanctioning.org

Pre-bout examinations shall also be performed at time of check-in and post-bout examinations shall be completed after each bout completed.

1. \_\_\_\_\_ - **Voluntary Application.** I, the undersigned, acknowledge and state that I WILLINGLY participate in the EVENT NAMED ABOVE on the DATE NAMED ABOVE.

2. \_\_\_\_\_ - **Assumption of Risk.** I am aware and understand that, in general, fighting is a dangerous and hazardous activity, and in particular, the techniques and methods of this convention, all in which as a competitor in this competition, I shall be participating, is an extremely dangerous and hazardous event. I am voluntarily, and of my own free will, compete in this event with full knowledge and understanding of the hazards involved.

3. \_\_\_\_\_ - **Health Advisory and Condition.** I hereby acknowledge and understand that participating in this event involves extremely strenuous physical activity and heavy physical contact, and that I have received a physical by a physician before commencing and undertaking such activity. I hereby represent that, to the best of my knowledge, I am in good physical health and condition, sufficient to undertake this dangerous and hazardous competition.

4. \_\_\_\_\_ - **Knowing and Voluntary Execution.** I hereby declare that I have read this Release from Liability, and that I fully understand the meaning and importance of its contents. I acknowledge that this Release is a binding contract among PROMOTER NAMED ABOVE and any and all of these companies, federations or organizations associates, officials, employees and staff and myself, and that under this contract I am releasing PROMOTER NAMED ABOVE and any and all of these companies, federations or organizations associates, officials, employees and staff from all liability for claims I may have against them. I further declare and represent that I am at least 18 years of age, that I have full legal capacity to be bound by this contract, and that I am signing this contract of my own free will and accord.

Fighter's Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_