

**“SENIOR” COMPETITOR PHYSICIAN APPROVAL**Return this form to the TBA-SA by: **March 10, 2023**Fighter’s Name: \_\_\_\_\_ Date of Event: 03 / 17-18 / 2023Name of Promoter: RoundKick Promotions, LLC/TBA-SA Name of Promotion: Tournament of Champions 2023Birthdate of Fighter: \_\_\_\_\_ Current Age: \_\_\_\_\_ State in which event is being held: Iowa

**Notice to Physicians completing this form:** This is a ‘pre-fight physical’ to confirm the athlete listed above is able to compete in Muay Thai bouts at the event listed above. This could include up to 4 fights over the course of four days. “Senior” competitors are age 40-70. The “Senior” division, age 40-55, includes strikes to the head (punches, elbows, and kicks). The “Senior+” division, age 50-70, does not allow ANY strikes to the head. Body only. NO knees to the head in either division. If you do not feel this individual’s health will support this competition, do not give this form back to individual, mark the form as ‘Not Approved’, sign and email it to: [pam@tbasanctioning.org](mailto:pam@tbasanctioning.org) Thank you!

**To be completed by the Physician performing the physical:***This Form is valid for two years for competitors age 40-45. Form is valid for one year for competitors age 46-70*

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 46-70. Not required for competitors age 40-45.*
- Normal eye examination by an ophthalmologist
- Competitor MUST email a copy of this form by date listed above AND bring this original form to their scheduled event check in appt. It must be dated and contain the physician(s) signatures who completed this form. Email copy to: [pam@TBASanctioning.org](mailto: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: \_\_\_\_\_