



# Medical Declaration

I \_\_\_\_\_, hereby declare that I have not sustained any head injuries/ concussions, fracture or dislocations in the last 60 days. Upon signing of this declaration, I agree to promptly notify the attending physician at the competition in the event that I sustain any of the above injuries leading up to the competition day for a pre-assessment before competing.

I understand that Ontario Taekwondo Association (OTA) o/a Taekwondo Ontario, including its officials and medical team will not be held responsible for any injuries.

Name of athlete: \_\_\_\_\_

Name of parent/guardian of athlete under 18: \_\_\_\_\_

Athlete signature: \_\_\_\_\_

Parent/ guardian signature: \_\_\_\_\_

Date: