



TAEKWONDO ONTARIO
8889 YONGE STREET
P.O. BOX 31057
RICHMOND HILL, ONTARIO
L4C 0V3 CANADA
TAEKWONDO-ONTARIO.COM

MEDICAL DECLARATION FORM

Revised: 12-29-2017

I _____, hereby declare that I have not sustained any head injuries or concussions, fractures, dislocations or any other injuries that might put me at risk of further injuries in the last 60 days. If these or other injuries have occurred in the last 60 days, I will not participate in competition unless I provide Ontario Taekwondo Association (OTA) o/a Taekwondo Ontario with a letter from a licenced physician (e.g. my family physician) stating that I am medically fit to compete in a full head contact taekwondo sporting event. I confirm that no medical information has been knowingly withheld that could affect the decision as to whether I am medically fit to train and compete.

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 preceding or resulting from this sporting event.

Name of athlete: _____

Name of parent/guardian of Athlete under 18: _____

Athlete signature: _____

Parent/ guardian signature: _____

Date: