

**TIGER MUAY THAI**

**Instructions for Medical Treatment**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name (if under 18 years old) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ 2nd Phone \_\_\_\_\_

How did hear about Tiger Muay Thai? \_\_\_\_\_

What would you like to accomplish training at Tiger Muay Thai? \_\_\_\_\_

**Please indicate another person to call if an accident occurs**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Taking any medication? \_\_\_\_\_ If yes, please list medication (s): \_\_\_\_\_

Drug Sensitivities? \_\_\_\_\_ Other Allergies \_\_\_\_\_

Date of last physical examination by a doctor \_\_\_\_\_

**Please read the statements below and sign under the one that you wish to happen should an accident occur and medical attention is needed. Please sign only one.**

If I or my child needs medical attention, it is my wish that my emergency contact or I am contacted before any medical procedures are taken on me or my child, unless immediate treatment is necessary to save me or my child's life or to prevent permanent injury. I accept responsibility for all cost related to such treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/ Guardian Signature (if under 18 years old) \_\_\_\_\_ Date \_\_\_\_\_

If I or my child needs medical treatment while participating, it is my wish that the treatment is started while efforts are being made to contact my emergency contact or me. So that treatment is not delayed, I consent to any medical procedures that the physician believes are needed, on the understanding that efforts to contact me will continue to be made. I accept responsibility for all cost related to such treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/ Guardian Signature (if under 18 years old) \_\_\_\_\_ Date \_\_\_\_\_

# TIGER MUAY THAI

## Medical History Questionnaire

Please answer all questions truthfully and to your best knowledge. Information gathered here will help Tiger Muay Thai administration evaluate your abilities for training purposes. All information will be confidential.

Are you allergic to any general medication (aspirin, sulfa, penicillin, etc.)? \_\_\_\_\_

If so please indicated what medication (s) \_\_\_\_\_

Are you now on any prescribed medication on the permanent or semi-permanent basis? \_\_\_\_\_

If so, please indicate the name of the medication and why it was prescribed \_\_\_\_\_

Have you ever had an epileptic seizure or been informed that you might have epilepsy? \_\_\_\_\_

If so, what type of treatment did you receive? \_\_\_\_\_

Have you ever been treated for diabetes? \_\_\_\_\_

If so, please indicate the type (s) of insulin or pills you use \_\_\_\_\_

Has a medical doctor ever told you that you were anemic or had sickle cell anemia? \_\_\_\_\_

If yes, what type of treatment did you receive? \_\_\_\_\_

Do you have or have you ever had high blood pressure? \_\_\_\_\_

If so, list any medication for it that you take regularly \_\_\_\_\_

Do you have or have you ever had any of the following diseases? \_\_\_\_\_

If so. Please circle the appropriate ones

Heart Disease (rheumatic fever)    Kidney Disease (infections)    Liver Disease (hepatitis)

Lung Disease (pneumonia)    Other \_\_\_\_\_

Have you ever been informed by a medical doctor that you have asthma? \_\_\_\_\_

If so, what medications, if any, do you take regularly \_\_\_\_\_

Do you have or had a hernia? \_\_\_\_\_

If yes, what did you do to repair the hernia? Or what are your plans to do to repair the hernia?

\_\_\_\_\_

Have you ever been "knocked out" or experienced a concussion during the past 3 years? \_\_\_\_\_

If so, give the date and reason for injury \_\_\_\_\_

Have you ever had an injury to your neck involving nerves, vertebrae (bones), or discs that incapacitated you for a week or longer? \_\_\_\_\_ If yes, give the dates of such injury and explain type of injury \_\_\_\_\_

So you wear any dental appliance? \_\_\_\_\_ If yes, circle the appropriate appliance

Permanent bridge    Permanent Crown or Jacket    Braces Full Plate    Permanent Retainer

Removable Partial Plate    Removable Retainer    Other \_\_\_\_\_

Do you wear contact lenses? \_\_\_\_\_

Have you had a fracture during the past 2 years? \_\_\_\_\_ If yes, indicate which bone was broken and the date it happened \_\_\_\_\_

Have you had a shoulder dislocation, separation or other shoulder injury in the past 2 years that incapacitated you for a week or longer? \_\_\_\_\_  
If so, give the date of the injury and explain type of injury \_\_\_\_\_

Have you ever had surgery to correct a shoulder condition? \_\_\_\_\_  
If so, give the dates and what was done \_\_\_\_\_

Have you ever had an injury to you back? \_\_\_\_\_  
If yes, indicate the date and type of injury \_\_\_\_\_

Do you experience pain in you back? \_\_\_\_\_  
If yes, indicate frequency  
Seldom Occasionally Frequently With vigorous exercise With heavy lifting

Have you injured your knee during the past 2 years? \_\_\_\_\_ If so, indicate the dates of injury and explain type of injury \_\_\_\_\_

Have you ever been told that you injured the ligaments and/or cartilage of either knee? \_\_\_\_\_

Have you ever been advised to have surgery to correct a knee problem? \_\_\_\_\_

If the answer is yes, has the surgery been completed? \_\_\_\_\_ Date? \_\_\_\_\_

Have you experienced a severe sprain to either ankle during the past 2 years? \_\_\_\_\_  
If yes, explain \_\_\_\_\_

Have you had any injury to your foot or toes in the past 2 years? \_\_\_\_\_  
If yes, explain \_\_\_\_\_

Do you have any chronic conditions that have not been mentioned above? \_\_\_\_\_  
If so, explain \_\_\_\_\_

Are there any other injuries or pains that you are experiencing that you feel the gym administration should be aware of?  
If so, please explain \_\_\_\_\_

I have answered all the questions honestly and to my best knowledge.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name (if under 18 years old) \_\_\_\_\_ Relationship \_\_\_\_\_

## TALENT RELEASE FORM

Permission is here granted to Naomi Owens and Tiger Muay Thai to videotape and transmit any and all materials of programming in which I appear, including but not limited to "Muay Thai Hawaii".

Permission is hereby given for any and all portions of the above referenced videotape(s) to be cable cast on a non-commercial public channel, or to be distributed or transmitted of non-profit purposes without further permission or clearance by me. Further, permission is also granted to use any and all portions of the above reference videotape(s) in promotional activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if under 18 years old) \_\_\_\_\_ Date: \_\_\_\_\_

## TIGER MUAY THAI

### Waiver and Release from Liability

I, \_\_\_\_\_, the undersigned, on the behalf of myself, my heirs and next of kin, personal representative, agents, insurers, successors and assigns (all hereinafter "Releasers") hereby forever release, discharge and covenant not to sue Tiger Muay Thai, its insurers, its affiliated club, administrators, agents, directors, officers, state organizations, members, committees, volunteers, all employees of Tiger Muay Thai, and any and all participants, officials, referees, coaches, host clubs, sponsoring agencies, sponsors, advertisers, local organizing committees (and if applicable) owners, lessors and operators of premises used to conduct any Tiger Muay Thai sanctioned event, meet, practice or activity (all hereinafter "Releases") from any and all liabilities, claims, demands, causes of action or losses of any kind or nature, past, present or future, direct or consequential that I may hereafter have for personal injury, permanent, temporary, total or partial disability, disfigurement, paralysis and any other losses or damages to person or property or death, arising out of my participation in, attendance at or traveling to and from any Tiger Muay Thai sanctioned event or activity including, but not limited to, losses caused by the passive or active negligence of the releases, or hidden, latent or obvious defects in the facilities or equipment used.

Releaser understands and acknowledges that Tiger Muay Thai sanctioned activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision or expertise can eliminate. Releaser expressly and voluntarily assumes all risk of personal injury, permanent, temporary, total or partial disability, disfigurement, paralysis and any other losses or damages to person or property or death, sustained while participating in, attending, preparing for or traveling to and from any Tiger Muay Thai sanctioned event, meet, practice or activity, including the risk of passive or active negligence of the releases, or hidden, latent or obvious defects in the facilities or equipment used.

Releaser acknowledges and fully understands that each participant in any Tiger Muay Thai sanctioned event, meet, practice or activity, including Releaser, will be engaging in activities that involve risk of serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis and any other losses to person or property, including death, and that severe social and economic losses may result not only from releaser's own action. Inactions or negligence, but also from the actions, inactions or negligence of other notwithstanding the rules of play or the condition of the premises or of any equipment used. Further Releaser acknowledges and fully understands that there may be other associated risks with such activities that are not known or not reasonably foreseeable at this time.

I acknowledge that I have had sufficient opportunity to review the provisions of this document and understand its purpose, meaning and intent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if under 18 years old) \_\_\_\_\_ Date: \_\_\_\_\_