

ONTARIO GRAPPLING ASSOCIATION  
PRE-COMPETITION MEDICAL SCREENING  
ATHLETE INFORMATION

Style: (please circle)      GP PK AMMA      Age Division: (please circle)      SR JR  
Name: \_\_\_\_\_ Date of Birth (dd/mm/yyyy) (\_\_\_\_/\_\_\_\_/\_\_\_\_)  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: (      ) \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Relation: \_\_\_\_\_ Phone: (      ) \_\_\_\_\_

MEDICAL INFORMATION

This information will be kept in confidence and will ONLY be used in the event of a medical situation concerning the health and well-being of the athlete.

Medical Card Number: \_\_\_\_\_  
Taking Any Medication? YES  NO   
If YES, please specify: \_\_\_\_\_  
Allergies (e.g. Bee Stings, prescription or non-prescription medications, food allergies, etc.): YES  NO   
If YES, please specify: \_\_\_\_\_  
History of any previous head or neck injuries and/or concussions? YES  NO   
If YES, please specify (include concussion date if applicable) \_\_\_\_\_  
\_\_\_\_\_  
Medical Conditions (e.g. Heart Condition, Epilepsy): YES  NO   
If YES, please specify: \_\_\_\_\_  
Recent surgeries within the last 6 months: YES  NO   
If YES, please specify: \_\_\_\_\_  
Do you have a known injury or medical condition that will need medical support: YES  NO   
(athletic/physiotherapy, massage therapy, chiropractic treatment, or physician) during the current competition?  
If YES, please specify: \_\_\_\_\_

\_\_\_\_\_  
Signature of Athlete (REQUIRED)      Date  
\_\_\_\_\_  
\_\_\_\_\_

I am a citizen of Canada (Signature REQUIRED) \_\_\_\_\_ Date \_\_\_\_\_

1. How long have you been training in mixed martial arts?
  
2. What disciplines have you / are you currently training in? How long?
  
3. Have you competed in Amateur Mixed Martial Arts events before? YES  NO
  
4. Have you ever competed in a professional MMA match? YES  NO
  
5. Is / are there any reason(s) as to why you should 'NOT' compete at this event? YES  NO

If YES, please list and explain:

Are you currently taking any sport enhancing drugs? YES  NO

Are you aware that the sports of AMMA – PANKRATION – GRAPPLING is extremely physical and holds high risk of injury and or death? YES  NO

By signing, I DO NOT hold the sanctioning body, convenor, venue or promoters responsible for any legal issues resulting in my competition, short-comings or medical issues resulting in AMMA – PANKRATION – GRAPPLING competition. I am, to my complete understanding, physically and mentally fit to undergo such competition. I have read and understood all insurance forms/waivers required of me to compete. I understand the sanctioning body has the right to withdraw my application for this event at any time.) INTITIALS:

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\_\_\_\_\_  
NAME (PRINT)

\_\_\_\_\_  
DATE (PRINT)

\_\_\_\_\_  
SIGNATURE (REQUIRED)

\_\_\_\_\_  
DATE (PRINT)