

# OLYMPIC TRAINING CENTER ATHLETE MEDICAL HISTORY QUESTIONNAIRE

NAME: _____	SPORT: TAEKWONDO
DATE OF BIRTH: _____	SEX: FEMALE _____ MALE _____
ADDRESS: _____ _____	
CITY: _____	STATE: _____ ZIP: _____
EMERGENCY CONTACT: _____	
PHONE: (_____) _____	

**Please circle "Yes" or "No" and provide additional details where requested on this form.  
All information will be confidential.**

1. Have you had a medical illness or injury since your last check up or sports physical? Yes    No
2. Do you have an ongoing or chronic illness? Yes    No
3. Are you allergic to any medication (aspirin, penicillin, sulfa, etc.)? Yes    No  
(List \_\_\_\_\_)
4. Do you have any food allergies? Yes    No  
(List \_\_\_\_\_)
5. Do you have any seasonal allergies that require medical treatment? Yes    No  
(List \_\_\_\_\_)
6. Are you allergic to insect bites or stings? Yes    No  
(List \_\_\_\_\_)
7. Do you take any over the counter medication(s)? Yes    No  
(List \_\_\_\_\_)
8. Do you take any prescribed medication on a permanent or semi-permanent basis (steroids, birth control pills, anti-inflammatories, antibiotics, etc.)? Yes    No  
(List \_\_\_\_\_)
9. Do you use an inhaler? Yes    No  
(List \_\_\_\_\_)
10. Do you take any over the counter dietary supplements (herbs, vitamins, minerals, protein)? Yes    No  
(List \_\_\_\_\_)
11. Have you ever taken any dietary supplements or vitamins to help you gain or lose Yes    No

weight or improve your performance?  
(List \_\_\_\_\_)

- |     |   |     |    |
|-----|---|-----|----|
| 12. | Do you ever have chest tightness?   | Yes | No |
| 13. | Do you ever have wheezing?  | Yes | No |
| 14. | Do you ever have itchy eyes?  | Yes | No |
| 15. | Do you ever have itching of the nose or throat or sneezing spells?  | Yes | No |
| 16. | Does running ever cause chest tightness or cough or wheezing or prolonged shortness of breath?  | Yes | No |
| 17. | Have you ever had chest tightness, cough, wheezing, asthma or other chest (lung) problems which made it difficult for you to perform in sports? | Yes | No |
| 18. | Have you ever missed school, work or practice because of chest tightness or cough or wheezing or prolonged shortness of breath?                 | Yes | No |
| 19. | If you have been told you have asthma, what medication(s) have you taken to treat it?<br>(List _____)   |     |    |
| 20. | Have you ever had a rash or hives develop during or after exercise?   | Yes | No |
| 21. | Have you ever had a seizure?<br>(List medication(s) _____)  | Yes | No |
| 22. | Have you ever been told that you have epilepsy?<br>(List medication(s) _____)   | Yes | No |
| 23. | Do you have or have you ever been treated for diabetes?<br>(List medication(s) _____)   | Yes | No |
| 24. | Have you ever been told that you were anemic?<br>(When _____)   | Yes | No |
| 25. | Have you ever been told that you have sickle cell anemia?   | Yes | No |
| 26. | Have you ever been told by a physician you have the sickle cell trait?  | Yes | No |
| 27. | Have you ever become ill from exercising in the heat?   | Yes | No |
| 28. | Have you ever passed out in the heat?   | Yes | No |
| 29. | Have you ever had heat or muscle cramps?  | Yes | No |
| 30. | Have you ever been told to give up sports because of health problem?  | Yes | No |
| 31. | Has anyone in your family under age 50 died suddenly?   | Yes | No |

Explain \_\_\_\_\_

- |     |  |            |          |
|-----|--|------------|----------|
| 32. | Do you have or have you ever had high blood pressure?<br>(List medication(s)_____)                         | Yes        | No       |
| 33. | Do you have or have you ever had high cholesterol?   | Yes        | No       |
| 34. | Do you have trouble breathing or do you cough during or after activity?                                    | Yes        | No       |
| 35. | Have you ever been dizzy during or after exercise?   | Yes        | No       |
| 36. | Have you ever fainted or passed out when exercising?   | Yes        | No       |
| 37. | Have you ever had chest pain during or after exercise?   | Yes        | No       |
| 38. | Do you have or have you ever had racing of your heart or skipped heartbeats?                               | Yes        | No       |
| 39. | Do you get tired more quickly than your friends do during exercise?  | Yes        | No       |
| 40. | Do you have or have you ever been told you have a heart murmur?<br>(Give date(s)_____)                     | Yes        | No       |
| 41. | Do you have a heart arrhythmia?<br>(List medication and dosage _____)                                      | Yes        | No       |
| 42. | Do you have a family history of heart disease?<br>Describe _____   | Yes        | No       |
| 43. | Do you have any other history of heart disease? (angina, arrhythmia, valve disease)<br>Describe _____      | Yes        | No       |
| 44. | Have you had a severe viral infection (for example myocarditis or mononucleosis)<br>within the last month? | Yes        | No       |
| 45. | Do you have or have you ever had rheumatic fever?<br>(Give date(s)_____)                                   | Yes        | No       |
| 46. | Do you have or have you ever had lung disease (pneumonia)?<br>(Give date_____)                             | Yes        | No       |
| 47. | Do you have or have you ever had kidney disease (infections)?<br>(Give date(s)_____)                       | Yes        | No       |
| 48. | Do you have or have you ever had liver disease (mononucleosis, hepatitis)?<br>(Give date(s)_____)          | Yes        | No       |
| 49. | Do you or have you ever had a hernia or “rupture”?<br>Has it been repaired?                                | Yes<br>Yes | No<br>No |
| 50. | Do you have any current skin problems (for example, itching, rashes, acne, warts,<br>fungus, or blisters)? | Yes        | No       |

51. Have you been "knocked out," become unconscious, or lost your memory? Yes No  
(Give date(s)\_\_\_\_\_ )
52. Have you had a concussion or other head injury? Yes No  
(Give date(s)\_\_\_\_\_ )
53. Have you ever had your head or neck x-rayed? Yes No
54. Have you stayed overnight in a hospital due to head injury? Yes No  
(Give date(s)\_\_\_\_\_ )
55. Do you have frequent or severe headaches? Yes No
56. Have you ever had a neck injury involving bones, nerves or discs that disabled you for a week or longer? Yes No  
(Type of injury\_\_\_\_\_ Dates\_\_\_\_\_ )
57. Have you ever had numbness or tingling in your arms, hands, legs, or feet? Yes No
58. Have you ever had a stinger, burner, or pinched nerve? Yes No
59. Have you ever injured your back? Yes No  
(Type of injury\_\_\_\_\_ Dates\_\_\_\_\_ )
60. Do you have back pain? Yes No  
(Circle those which apply: seldom / occasionally / frequently / with vigorous exercise / with heavy lifting )
61. Do you want to weigh more or less than you do now? Yes No
62. Do you lose weight regularly to meet weight requirements for your sport? Yes No
63. Do you feel stressed out? Yes No
64. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? If yes, circle which apply and explain. Yes No  
( head / neck / back / chest / shoulder / upper arm / elbow / forearm / wrist / hand / finger / hip / thigh / knee / shin/calf / ankle / foot)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
65. Have you had a broken bone or fracture? R or L Yes No  
(What bone(s)\_\_\_\_\_ Dates\_\_\_\_\_ )
66. Have you had a shoulder injury that disabled you for a week or longer (dislocation, separation, etc.)? Yes No  
(Type of injury\_\_\_\_\_ Dates\_\_\_\_\_ )
67. Have you ever had a shoulder surgery? R or L Yes No  
(What was done & why\_\_\_\_\_ Dates\_\_\_\_\_ )

68. Does your shoulder routinely/occasionally dislocate (come out of place)/sublux? Yes No
69. Have you injured your knee? R or L Yes No
70. Have you been told by a doctor or athletic trainer that you injured the cartilage in your knee? R or L Yes No  
(Give date(s)\_\_\_\_\_)
71. Have you been told by a doctor or athletic trainer that you injured the ligaments in your knee? R or L Yes No  
(Give date(s)\_\_\_\_\_)
72. Have you ever had knee surgery? R or L Yes No  
(What was done \_\_\_\_\_ Dates\_\_\_\_\_)
73. Have you had a severe ankle sprain? R or L Yes No
74. Do you have a pin, screw or plate in your body? Yes No  
(Where in your body\_\_\_\_\_ Dates\_\_\_\_\_)
75. Have you had any surgery? Yes No  
(Specify and give details:\_\_\_\_\_)
76. Do you use any special protective or corrective equipment or devices that are not usually used for your sport (for example, knee brace, special neck roll, foot orthotics, hearing aid)? Yes No
77. Have you had any problems with your eyes or vision? Yes No
78. Do you wear glasses, contacts or protective eyewear during competition? Yes No
79. Do you have a hearing loss? R= \_\_\_\_\_ L= \_\_\_\_\_ Yes No  
% of hearing loss? R= \_\_\_\_\_ L= \_\_\_\_\_  
\_\_\_\_\_ Do you use an appliance? \_\_\_\_\_ Type?  
\_\_\_\_\_
80. Do you wear any of the following dental appliances? Yes No  
(Circle those which apply: permanent bridge / removable retainer / removable partial plate permanent crown or jacket / braces / permanent retainer / full plate )
81. Are you missing one of a set of paired organs (kidney, eyes, etc.)? Yes No  
(List\_\_\_\_\_)
82. Do you now or have you ever had herpes? Yes No

**FEMALES ONLY**

83. When was your first menstrual period? \_\_\_\_\_

84. When was your most recent menstrual period? \_\_\_\_\_

\_\_\_\_\_

85. How much time do you usually have from the start of one period \_\_\_\_\_  
to the start of another? \_\_\_\_\_

86. How many periods have you had in the last year? \_\_\_\_\_

87. What was the longest time between periods in the last year? \_\_\_\_\_

88. Are you pregnant, or do you suspect that you may be pregnant? Yes No

*(If the answer is "Yes," this does not necessarily preclude your participation from your sport, however you must present a clearance form from your physician stating that your sport participation will not be detrimental to the pregnancy.)*

89. Do you have any other conditions that we should be aware of (i.e. ulcers, tendonitis, etc.)? Yes No  
(Specify and give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_)

90. Please give the date of your last immunizations:  
Tetanus \_\_\_\_\_ Polio \_\_\_\_\_ Hepatitis B \_\_\_\_\_

91. Please give the date of your last measles, mumps, rubella and chicken pox shots:  
Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_ Chicken Pox \_\_\_\_\_

92. Which of the following dietary supplements have you taken **during the past year**?  
 \_\_\_\_\_ Multi-vitamin/minerals \_\_\_\_\_ Protein drinks or bars  
 \_\_\_\_\_ Individual vitamin (e.g. vitamin C, etc.) \_\_\_\_\_ Energy drinks or bars  
 \_\_\_\_\_ Individual mineral (e.g. iron, calcium, etc.) \_\_\_\_\_ Creatine  
 \_\_\_\_\_ Protein powders or pills \_\_\_\_\_ Amino acid pills or powders  
 \_\_\_\_\_ Herbals (e.g. Ginseng, Echinacea, etc.) \_\_\_\_\_ Others – please list  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

93. If you took any dietary supplements during the past year, how frequently did you take them?  
 \_\_\_\_\_ Daily \_\_\_\_\_ Occasionally  
 \_\_\_\_\_ Once a week \_\_\_\_\_ Several times a week  
 \_\_\_\_\_ Only at specific times (travel, training, etc.)

94. Check the reasons for using dietary supplements **during the past year**:  
 \_\_\_\_\_ To make up for an inadequate diet \_\_\_\_\_ To lose weight  
 \_\_\_\_\_ To treat a medical condition or injury \_\_\_\_\_ To have more energy  
 \_\_\_\_\_ To increase muscle mass/gain weight \_\_\_\_\_ To enhance my performance  
 \_\_\_\_\_ To prevent illness and disease \_\_\_\_\_ No specific reason

**I hereby state that the questions on this form have been answered completely and truthfully to the best of my knowledge.**

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**

**Noteworthy medical conditions/issues as per USOC Medical Staff review:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Medical Staff signature**

\_\_\_\_\_  
**Date**



# UNITED STATES OLYMPIC TRAINING CENTER PARTICIPANT BIOGRAPHY

Date: \_\_\_\_\_ Program Name: USA TAEKWONDO, 2008 USAT ROCKY MOUNTAIN OPEN

## PARTICIPANT'S BIOGRAPHICAL INFORMATION

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Country: \_\_\_\_\_ Social Security Number, (last four digits only): XXX-XX-\_\_\_\_\_

Email Address: \_\_\_\_\_ (Four digit SSN and birth date Required. Used for OTC filing purposes only)

Gender: Male Female Birth Date: \_\_\_\_\_

US Citizen: Yes No If No, what nationality? \_\_\_\_\_

## PARTICIPANT'S EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## PARTICIPANT'S GUEST TYPE AND SKILL LEVEL

Please check your guest type for this program.

Athlete       Coach       Official       NGB Administrator

Staff       Trainer       Intern       Other: \_\_\_\_\_

Athletes: Please check your skill level for this program

**Olympic Caliber:** Athletes who have competed or will compete in the upcoming Olympic or Pan Am Games, or NGB's World Championship

**National:** NGB National Senior Team member or competition in a major international event within the last 12 months.

**Junior National:** NGB National Junior Team member or competition in a major international event within the last 12 months.

**Development:** Highly skilled athletes showing strong potential for growth and improvement with the objective of obtaining a higher skill level.

## FOR OFFICE USE ONLY

Program # \_\_\_\_\_ Arrival date \_\_\_\_\_ Check in Initials \_\_\_\_\_

Complete Paperwork \_\_\_\_\_ Missing Information: Bio \_\_\_\_\_ Medical \_\_\_\_\_ Waiver \_\_\_\_\_ HIPPA \_\_\_\_\_



**UNITED STATES OLYMPIC TRAINING CENTER  
WAIVER AND RELEASE OF LIABILITY**

**NOTE: THIS FORM MUST BE READ AND SIGNED UNALTERED BEFORE THE PARTICIPANT IS PERMITTED TO TAKE PART IN ANY FUNCTION (I.E., TRAVEL, TRAINING, COMPETITION, PROCESSING, MEETING OR TESTING SESSIONS) AT OLYMPIC TRAINING CENTERS AND the United States Olympic Education Center (USOEC) at Northern Michigan University. BY SIGNING THIS AGREEMENT, THE PARTICIPANT AFFIRMS HAVING READ AND UNDERSTOOD IT AND IS IN AGREEMENT WITH ITS CONTENTS.**

IN CONSIDERATION of my involvement in the sport and activities under the auspices of the **USA Taekwondo, Inc.** this sponsoring organization at this United States Olympic Training Center and the USOEC at Northern Michigan University, I acknowledge, appreciate and agree that:

1. RISK IS INHERENT IN PARTICIPATION IN MY SPORT, and in related training and discipline, including risks from the use of equipment and facilities, the risk of injury does exist, as well as the risk of damage to or loss of property; THESE RISKS INCLUDE EXTENSIVE AND SEVERE BODILY INJURY, PARALYSIS, DISMEMBERMENT, DISABILITY, DEATH, HARASSMENT, AND EXPOSURE TO INAPPROPRIATE CONDUCT.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS; both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS;

I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual or unnecessary hazard during my presence or participation, I will bring such to the attention of the nearest official immediately.

I, FOR MYSELF, AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES, and NEXT OF KIN, HEREBY RELEASE, HOLD HARMLESS AND PROMISE NOT TO SUE THE INTERNATIONAL OLYMPIC COMMITTEE, THE UNITED STATES OLYMPIC COMMITTEE, AND/OR MY NATIONAL GOVERNING BODY, NORTHERN MICHIGAN UNIVERSITY, OR OTHER SPONSORING ORGANIZATION, THEIR OFFICERS, COACHES, VOLUNTEERS, STAFF, SPONSORS, AND/OR AGENTS, ("RELEASEES") WITH RESPECT TO ANY AND ALL INJURY AND/OR LOSS ARISING FROM MY PARTICIPATION, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE OR WANTON MISCONDUCT.

This Waiver and Release of Liability shall remain valid for the entire calendar year in which it is executed (expiring on December 31 of that year) or until it is expressly revoked by written notice from me to the USOC, whichever occurs first; provided however, that any such revocation shall not in any manner affect the waiver and release of liability given hereunder for any acts or occurrences prior to receipt of said written notice by the USOC or prior to termination of my participation.

I have read this Release of Liability and Waiver Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

**Participant's Signature** \_\_\_\_\_

**Participant's Name (Printed)** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE**

This is to certify that I/we as parent(s)/guardian(s) with legal responsibility for this participant, do consent and agree not only to his/her release, but also for myself/ourselves, and my/our heirs, assigns and next of kin to release and indemnify the Release from any and all Liability incident to my/our minor child's involvement as stated above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

**Parent/Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Name (Please print)** \_\_\_\_\_

**PARTICIPANT CONSENT**  
**TRANSPORTATION AND MEDICAL RELEASE**

I hereby give consent for the USOC and the USOEC at Northern Michigan University to provide me with medical, psychological or psychiatric care and treatment, emergency medical services, transportation, housing, and meals associated with participation in programs conducted at this United States Olympic Training Center (USOTC) and the USOEC at Northern Michigan University under the auspices of **USA Taekwondo, Inc.** I authorize the USOC medical staff, under the supervision and protocol of the USOC physicians, to act as my agent to receive, procure, store, and issue any medications, which are prescribed for me. I understand that the medicines will be provided in non-child-safety resistant blister packs and will keep them out of the reach of children. In the event that emergency medical services are required, I hereby authorize the USOC to act to resolve such emergency without first obtaining my prior consent or the consent of my next of kin, parent, guardian, or any other individual.

If the program in which I am participating includes psychiatric, psychological, physiological and/or biomechanical evaluations, I consent to those evaluations, which pose no unusual risks or hazards when customary safeguards are observed.

I further authorize the exchange of medical information, including information regarding physiological and/or biomechanical evaluations, and psychological or psychiatric records, between the USOC medical staff members for the management of my care and treatment and the release of any such medical information necessary to process a claim for accident/medical payment insurance for an injury or illness incurred while I am participating in the program conducted at this United States Olympic Training Center (USOTC) and the USOEC at Northern Michigan University under the auspices of **USA Taekwondo, Inc.**

I swear that I am in good physical condition and am able to fully participate in this program. I am not aware of any disease or injury that would result in my being injured during my participation in the sponsoring organization's programs at this USOTC and the USOEC at Northern Michigan University.

This Release shall remain valid for the entire calendar year in which it is executed (expiring on December 31 of that year) or until it is expressly revoked by written notice from me to the USOC, whichever occurs first; provided however, that any such revocation shall not in any manner affect the release given hereunder for any acts or occurrences prior to receipt of said written notice by the USOC or prior to the termination of my participation.

**DRUG USE AND BLOOD DOPING**

By registering at this USOTC and the USOEC at Northern Michigan University and in exchange for the privilege of participating in programs, I am consenting to be subject to drug testing (if selected) and the penalties applicable if found positive for a banned substance or employment of a banned method. I am aware that failure to comply with such testing will be cause for the same penalties as for those who test positive for a prohibited substance or method.

I know that if I have any questions about medications and banned substances or practices I may contact the U.S. Anti-doping Agency ("USADA") Drug Reference Line (1-800-233-0393) before, during or after my USOTC and the USOEC at Northern Michigan University stay. I understand, however, that the USADA Drug Reference Line is only advisory and that I have the absolute obligation and sole responsibility to avoid the use of any product which may contain a banned substance. The USADA Drug Reference Line cannot be reached from abroad.

X \_\_\_\_\_  
Participant Signature

Date Signed: 01/02/08

**FOR ATHLETES OF MINORITY AGE**  
**(UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as the parent/guardian of this participant, have explained to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in the programs conducted under the auspices of the **USA Taekwondo, Inc.** at this USOTC and the USOEC at Northern Michigan University, and consent to the provision of medical, psychological or psychiatric care and treatment, emergency medical services, transportation, housing and meals associated with participation in programs conducted at this United States Olympic Training Center and the USOEC at Northern Michigan University. In the event that emergency medical services are required, I hereby authorize the USOC and the USOEC at Northern Michigan University to act to resolve such emergency without first obtaining my prior consent or the consent of the participant's next of kin or any other individual. I have instructed my son/daughter to abide by the Participant Conduct.

X \_\_\_\_\_  
Parent/Guardian Signature

Date Signed:

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

Relationship: \_\_\_\_\_

**PARTICIPANT CONDUCT**

I consent to abide by the below described rules of conduct for guests of this USOTC and the USOEC at Northern Michigan University and understand that violations may result in full or partial forfeitures of my guest privileges, or in other disciplinary proceedings:

1. The transportation, possession or unauthorized use of alcoholic beverages, illegal drugs, or IOC-banned substances on the premises is prohibited.
2. Use of an ID card by an unauthorized person(s) is prohibited.
3. Overnight visitors are prohibited in the dormitory. Please check with the appropriate OTC for visiting hours as hours vary among the sites.
4. Quiet hours commence at 10:00 pm daily.
5. Any physical damage to a facility or loss of items in a dormitory room (i.e. blankets, lamps, etc.) will be paid for by those individuals assigned to the room in which the damage or loss occurs.
6. Firearms, ammunition, and all other sports equipment are prohibited in all areas of the dormitories.
7. Unauthorized room changes are prohibited.
8. Pets are prohibited in the dormitories.
9. Unacceptable behavior will not be tolerated, including but not limited to, the following:
  - a. Any act considered to be offensive under federal, state, or local laws, or a violation of USOC and the USOEC at Northern Michigan University policies and procedures.
  - b. Gross misconduct (i.e. inappropriate horseplay, theft, fighting, etc.).
  - c. Willful destruction of property (i.e. including that caused by inappropriate horseplay, fighting, etc.).
10. The willful disabling of any smoke detector or tampering or interfering in any way with any fire alarm system to include causing a false fire alarm (by pulling the fire alarm handle) will result in disciplinary action against the perpetrator(s) which may include immediate dismissal from the Olympic Training Center and the USOEC at Northern Michigan.

X \_\_\_\_\_  
Participant Signature

Date Signed: 01/02/08

**FOR ATHLETES OF MINORITY AGE**  
**(UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as the parent/guardian of this participant, have explained to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in the programs conducted under the auspices of the USA Taekwondo, Inc. at this USOTC and USOEC at Northern Michigan University.

X \_\_\_\_\_  
Parent/Guardian Signature

Date Signed:

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

Relationship: \_\_\_\_\_

# UNITED STATES OLYMPIC COMMITTEE

## Authorization For Release of Information

### Information About the Use or Disclosure

**I hereby authorize the use or disclosure of my individually identifiable health information as described below.**

*I understand that this authorization is voluntary and that I may revoke it at any time by submitting my revocation in writing to the entity providing the information.*

Participant's Name \_\_\_\_\_ Social Security/ID Number: XXX-XX-\_\_\_\_\_

Sport \_\_\_\_\_

*Persons/organizations authorized to provide the information include the United States Olympic Committee's Sports Medicine Division (staff and other agents), my coach, and my National Governing Body, unless specified otherwise below, and:*

Persons/organizations authorized to receive the information include the United States Olympic Committee's Sports Medicine Division (staff and other agents), my coach, and my National Governing Body, unless specified otherwise below, and: \_\_\_\_\_

Specific description of information to be used or disclosed (including date(s)): includes all medical information, including sport science testing and evaluations (physiological, biomechanical, and psychological) which may impact my ability and eligibility to participate in the activities of my National Governing Body and the United States Olympic Committee, unless specified to the contrary as follows: \_\_\_\_\_

Specific purpose of the disclosure (*note that "as requested by me" is an acceptable purpose if you do not wish to state a specific purpose*): To allow the evaluation of my ability and eligibility to participate in the activities of my National Governing Body and the United States Olympic Committee, unless otherwise specified as follows: \_\_\_\_\_

This authorization will remain valid for the entire calendar year in which it is executed (expiring on December 31 of that year) unless otherwise indicated as follows: (indicate date, or an event relating to you personally or to the purpose of the authorization). \_\_\_\_\_

### Important Information About Your Rights

I have read and understood the following statements about my rights:

- I may revoke this authorization at any time prior to its expiration date by notifying the providing organization in writing, but the revocation will not have any effect on any actions the entity took before it received the revocation.
- I may see and copy the information described on this form if I ask for it.
- I am not required to sign this form to receive my health care benefits (enrollment, treatment, or payment).
- The information that is used or disclosed pursuant to this authorization may be redisclosed by the receiving entity and may no longer be protected by federal or state law. I have the right to seek assurances from the above-named persons/organizations authorized to receive the information that they will not redisclose the information to any other party without my further authorization.

I have read this Authorization for Release of Information, fully understand its terms, and sign it freely and voluntarily without any inducement.

**Participant's Signature** \_\_\_\_\_

**Participant's Name (Printed)** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR ATHLETES OF MINORITY AGE**

This is to certify that I/we as parent(s)/guardian(s) with legal responsibility and authority for this Athlete, do consent and agree not only to his/her authorization, but also for myself/ourselves, and my/our heirs, assigns and next of kin to authorize such release of information

Parent/Legal Guardian Signature \_\_\_\_\_ Date

Parent/Guardian Name (Please print) \_\_\_\_\_

**YOU MAY REFUSE TO SIGN THIS AUTHORIZATION**



**2008 ROCKY MOUNTAIN OPEN  
OTC – COLORADO SPRINGS, CO  
DEC. 6-7, 2008**



We thank you for your continued support and wish each participant and coach a successful and enjoyable experience. We also thank our sponsors and vendors that have shown continued support of USAT and our events. Please feel free to share your thoughts with us on how we can continue to improve as an organization and provide additional benefits to our members.

**POINT OF CONTACT INFORMATION**

Mark. Kaufmann  
Director of Events

[Mark.Kaufmann@usa-taekwondo.us](mailto:Mark.Kaufmann@usa-taekwondo.us)

Travis Oosthoek  
Events Manager

[Travis.Oosthoek@usa-taekwondo.us](mailto:Travis.Oosthoek@usa-taekwondo.us)

<b>Tournament</b>	<b>Date</b>	<b>Location</b>
US OPEN	FEB. 12-15, 2009	LAS VEGAS, NV
NATIONAL QUALIFIER #1	MAR. 28-29, 2009	KISSIMMEE, FL
NATIONAL QUALIFIER #2	APR. 18-19, 2009	BUFFALO, NY
NATIONAL QUALIFIER #3	APR. 25-26, 2009	AUSTIN, TX
NATIONAL QUALIFIER #4	MAY 9-10, 2009	SAN JOSE, CA
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USA Taekwondo  
1 Olympic Plaza, Suite 104C  
Colorado Springs, CO 80909  
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