

MEDICAL DECLARATION FOR GOLDEN MONGKHON ATHLETES



The information contained in this medical history form will only be used by the Golden Mongkhon for purposes of determining if you pose a health threat/risk to yourself in the ring and to review your past medical history in the event of a new emergency or re-occurrence. This information will remain confidential at all times. Please complete this questionnaire with your physician. Print clearly in BLUE or BLACK ink only.

PERSONAL INFORMATION

FULL NAME:				FIGHTER ID:			
D.O.B.		AGE:		SEX:		NATIONALITY:	Only to Indian-origin athletes. Overseas entries not allowed.

DO YOU HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS?

CONDITION:	YES	NO	CONDITION:	YES	NO	CONDITION:	YES	NO
BLEEDING OR OTHER BLOOD DISORDER			EPILEPSY/SEIZURE			CATARACTS		
OPEN WOUND/SUTURED CUT			BLURRED VISION			DIABETES		
HIGH TEMPERATURE/PYREXIA			HEARING LOSS			FAINTING		
HEADACHES/MIGRAINES			BALANCE PROBLEMS			DIZZINESS		
HIGH BLOOD PRESSURE			ASTHMA/BRONCHITIS			HERNIA		
ANY HEART CONDITION			RECURRENT NECK PAIN			HIV		
CHEST TRAUMA/RIB FRACTURE			RECURRENT BACK PAIN			HEPATITIS		
CHRONIC OR ACUTE INFECTIOUS DISEASE			MENTAL ILLNESS			PREGNANCY		
UNDER ANY KNOCKOUT/TKO/ SUBMISSION IN THE PAST 6MONTH			UNDER ANY ACCIDENT IN THE PAST 6MONTHS					

- 1) ARE YOU OVER THE AGE OF 40? YES: ☐ NO: ☐
- 2) HAVE YOU HAD A FIGHT THAT ENDED IN KO, DSC, OR RSC-H IN THE PAST 6 MONTHS? YES: ☐ NO: ☐
- 3) HAVE YOU EVER TESTED POSITIVE WITH WADA (WORLD ANTI-DOPING AGENCY)? YES: ☐ NO: ☐
- 4) ARE YOU CURRENTLY TAKING ANY MEDICATION? YES: ☐ NO: ☐
*IF YES, PLEASE LIST ENSURE THAT YOU HAVE SUBMITTED A TUE FORM
- 5) HAVE YOU HAD ANY TYPE OF SURGERY IN THE PAST 6 MONTHS? YES: ☐ NO: ☐
- 6) HAVE YOU NEEDED IN-PATIENT TREATMENT IN A HOSPITAL IN THE LAST 6 MONTHS? YES: ☐ NO: ☐
- 7) HAVE YOU RECEIVED TREATMENT FOR A BONE FRACTURE, FISSURE, OR DISLOCATION IN THE LAST 6 MONTHS? YES: ☐ NO: ☐
- 8) DO YOU NORMALLY WEAR EYEGLASSES OR CONTACT LENSES? YES: ☐ NO: ☐
- 9) HAVE YOU EVER HAD BACK OR SPINAL SURGERY? YES: ☐ NO: ☐

PLEASE BE AWARE LABORATORY BLOOD TESTS RESULTS for HIV antibody & HBV (Hepatitis B Surface Antigen) & HCV (Hepatitis C Antibody) must be submitted with this form on the letterhead of the laboratory that administered the tests. The blood tests must be taken within 6 months before the date of the competition.

MEDICAL HISTORY STATEMENT

I have completed this medical history questionnaire and answered it truthfully and to the best of my knowledge. I am prepared to answer questions from the Golden Mongkhon (including athletic trainers, nurses, consultants, coaches, and coordinators) and general practitioners concerning this medical history and medical conditions. I affirm also that I do not suffer from any disability, injury, condition, or complaint that I have not disclosed on this form. I further recognise the importance of fully and accurately disclosing my physical conditions, past and present, to the Golden Mongkhon.

ATHLETE SIGNATURE

DATE

MEDICAL TEST WAIVER ASSUMPTION OF RESPONSIBILITY



TO BE FILED ONLY IN CASE OF FAILURE TO SUBMIT MANDATORY LABORATORY TEST REPORTS (HIV, HBV, HCV)

I, the undersigned, acknowledge that I have been clearly informed about the medical test requirements for **HIV, Hepatitis B, and Hepatitis C** as a condition for participation. I understand that these tests are strongly advised for my safety and for the safety of others. However, due to personal, financial, or other reasons, I am unable to provide these medical test results at this time.

By signing this waiver, I voluntarily and knowingly agree to the following:

1. Assumption of Risk

I fully understand that combat sports involve physical contact where exposure to blood or bodily fluids may occur. I accept full responsibility for my own health status and understand the potential risks associated with participating without submitting the required medical test results.

2. No Liability for Organisers

I agree that the **Event Organisers, Promoters, Affiliates, Sponsors, Medical Team, Referees, and Officials** shall **not be held liable** for any medical issues, infections, illnesses, injuries, or transmission of communicable diseases that may occur before, during, or after the event.

3. Waiver and Release of Claims

I hereby **waive, release, and discharge** the Organisers from any and all claims, legal actions, compensation, demands, or liabilities related to my participation without medical clearance.

4. Confirmation of Personal Responsibility

I confirm that, to the best of my knowledge, I am medically fit, not knowingly carrying any communicable disease, and fully capable of competing. I understand that **choosing not to submit medical test results is my decision alone**, and I bear **100% responsibility** for that decision.

5. No Future Claims

I agree that I will not pursue any legal, civil, financial, or medical claims against the Organisers now or in the future on matters related to my health status.

By ticking or signing below, I confirm that I have read this waiver in full, understood its contents, and voluntarily agree to participate under these conditions.

☐ I agree and accept full responsibility

ATHLETE NAME

***To be signed by the parent/guardian of the participant.**

Name of Parent/Guardian: _____

ATHLETE SIGNATURE

____/____/____
DATE

PARENT / GUARDIAN SIGNATURE

MEDICAL DECLARATION OF PERSONAL PHYSICIAN



ATHLETE :		(SECTION 2 PHYSICIANS APPROVAL)	
FULL NAME:		FIGHTER ID:	

MEDICAL DOCTOR EXAMINATION & APPROVAL:

The applicant's medical fitness for the contact ring sport of Muay Thai has been evaluated by physical examination and if required (at the discretion of the attending physician) by the use of radiology and laboratory facilities.

To be filled in by the physician. Please record the athlete's weight with your remarks on whether the athlete is fully hydrated and your evaluation of their under-skin body fat.

**Please be aware that this weight will be the marker for the athlete's weight category for the season with a maximum allowance of +/- 10%.*

TO BE FILLED BY PHYSICIAN ONLY:						
Weight (KG.):						
Level of Hydration by Physical Examination: (Please Tick One)	Normal Hydration:	☐	Has Physical Signs of Dehydration:	☐	Needs Urgent Rehydration:	☐
Level of Subcutaneous Fat by Skin-Fold Pinch Examination: (Please Tick One)	Skinny:	☐	Normal:	☐	Fat:	☐

This is to certify that.....is in good physical condition and not suffering from any injury, infection or disability liable to affect his/her capacity to box in the competitions of the full contact sport of Muay Thai.

PHYSICIAN SIGNATURE

PHYSICIAN LICENCE NUM

____/____/____
DATE

CLINIC ADDRESS: _____

TEL: _____ EMAIL: _____

HOSPITAL or PHYSICIAN SEAL

MEDICAL DECLARATION OF WEIGHT CUT POLICY

ATHLETE :		(SECTION 3: WEIGHT CUT CONTROL)	
FULL NAME:		FIGHTER ID:	
COACH :			
FULL NAME:		COACH ID:	

****IMPORTANT NOTICE TO ATHLETE/GUARDIAN/COACH****

Golden Mongkhon acknowledges that weight cutting using dehydration, and loss of water and minerals from the body may pose a dangerous and life-threatening result, even in amateur sports and young athletes. At Golden Mongkhon we support weight control by fat loss, NOT BY waterloss. We, therefore, urge all athletes, entourage, and stakeholders to take responsibility in this process for the health and safety of the athletes.

Doctors on duty at the daily medical check are authorised to perform on-the-spot urine spectrometer tests for dehydration on any athlete at any given time should symptoms of dehydration be suspected. Any athlete with a urine density above 1.030 shall not be permitted to compete.

****INSURANCE****

To participate in Golden Mongkhon tournaments and championships fighters must have valid Insurance or enough funds to be used when they come to our events in case of need. as we will provide first aid at the fight arena only. In the event of any serious injury, the organiser will bear ambulance charges only.

DECLARATION OF WEIGHT CONTROL

I understand that I must not have symptoms of dehydration during the medical controls.
 I understand that doctors on duty at the daily medical check are authorised to perform on-the-spot urine spectrometer tests for dehydration on any athlete at any given time should symptoms of dehydration be suspected.
 I understand that if my urine density is tested above 1.030, I shall not be permitted to compete.
 I understand that use of diuretics is prohibited by the WADA anti-doping code due to its classification as a masking agent, and shall not resort to this substance to aid in weight-cutting.

BY SIGNING BELOW, WE HEREBY DECLARE THAT WE UNDERSTAND THE ABOVE INFORMATION WITH A FULL UNDERSTANDING OF THE MEDICAL RISKS OF WEIGHT CUTTING BY DEHYDRATION, WATER, AND MINERAL LOSS FROM THE BODY.

DETECTION OF THIS PROCESS BEFORE THE COMPETITION COULD RESULT IN THE ATHLETE'S AND THE COACH'S DISQUALIFICATION FROM THE COMPETITION.

 ATHLETE SIGNATURE

***To be signed by parent/guardian.**

Name of Parent/Guardian: _____

 PARENT/GUARDIAN SIGNATURE

 COACH SIGNATURE

____/____/____
 DATE

MEDICAL DECLARATION OF NON-PREGNANCY



ATHLETE : (SECTION 4: FEMALE NON-PREGNANCY DECLARATION)			
FIRST NAME:		LAST NAME:	

DECLARATION OF NON-PREGNANCY

***THIS SECTION IS TO BE COMPLETED BY ALL FEMALE ATHLETES**

1. DECLARATION OF NON-PREGNANCY FOR FEMALE ATHLETES AGED 18 (EIGHTEEN) AND OVER

_____	____/____/____
PLACE	DATE

NAME OF EVENT: _____

I, _____ declare that I am not pregnant.

I understand the seriousness of this statement and accept full responsibility for it. If this declaration is subsequently shown to be inaccurate or false and I suffer from any related injury or damage during the Event, I on behalf of my heirs, executors, and administrators, waive and release any claims for damages I may have against Golden Mongkhon (including its officials and employees), the organisers of the Event (including the Local Organising Committee and/or the Host Federation) and the Competitions Venue owners for such injury or damage.

ATHLETE SIGNATURE

1. DECLARATION OF NON-PREGNANCY FOR FEMALE ATHLETES AGED UNDER 18 (EIGHTEEN)

_____	____/____/____
PLACE	DATE

NAME OF EVENT: _____

I _____ am one of the parents/legal caretakers _____
(Insert the name of the athlete)

and declare, on her behalf that she is not pregnant.

I understand the seriousness of this statement and accept full responsibility for it this declaration is subsequently shown to be inaccurate or false and _____ suffers any related injury or damage during the Event, I on

(Insert the name of the athlete)

Behalf of, her heir's executors and administrators, waive and release any claims for _____ (insert name of athlete)

Damages she may have against Golden Mongkhon International (including its officials and employees), the organisers of the Event (including the Local Organising Committee and/or the Host Federation), and the Competitions Venue owners for such injury or damage.

PARENT/GUARDIAN SIGNATURE

COACH CONSENT & RESPONSIBILITY DECLARATION

COACH :		(SECTION 5: FOR COACHES ONLY)	
FIRST NAME:		LAST NAME:	
CLUB NAME:		STATE:	

TO BE FILLED BY COACH ONLY:	TOTAL NUMBERS of ATHLETES
Number of fighters in 10 to 12 year age group	
Number of fighters in 12 to 14 year age group	
Number of fighters in 14 to 16 year age group	
Number of fighters in 14 to 18 year age group	
Number of fighters in 18 to 37 year age group	
Number of fighters in 37 to 45 year age group	

I, the undersigned coach, hereby confirm and declare the following:

1. Athlete Readiness

- ☐ By signing, I confirm that each athlete registered under my guidance is a trained, skilled, and conditioned member of my team.
- ☐ I confirm that I am a credentialed coach in good standing with the organising body.

2. Coach Responsibility & Safety First

- ☐ I fully understand that my foremost duty is to prioritise athlete safety and well-being.
- ☐ I will not pressure, force, or compel any athlete to compete beyond their readiness, ability, or medical condition.
- ☐ I shall be present at the event, managing my athletes to ensure their performance and safety at all times.

3. Medical Consent & Emergency Responsibility

- ☐ I consent to medical treatment being administered in case of an emergency.
- ☐ I acknowledge that Golden Mongkhon International (GMI) does not provide medical insurance for athletes or coaches.
- ☐ I, along with my team/club, am financially prepared to manage any medical emergencies or unforeseen situations that may arise.

4. Waiver of Liability & Assumption of Risk

- ☐ I waive any liability against the competition organisers, officials, and partners for injuries sustained during the event.
- ☐ I understand that combat sports carry inherent risks and accept full responsibility for the participation of my athletes under my supervision.

Final Confirmation

By signing below, I confirm that I hold the appropriate coaching credentials for this event and accept full responsibility for my athletes as per the above terms.

COACH NAME

COACH SIGNATURE "Club Seal / Stamp (if any)"



GOLDEN MONGKHON INTERNATIONAL

REGISTRATION FORM

STUDENT INFORMATION

Full Name _____
Date of Birth ____ / ____ / ____ Place of Birth _____
Gender ☐ Male ☐ Female
Home Address _____
City _____ Zip Code _____
Phone Number _____ Email _____

CLUB & COACH INFORMATION

Parent/Guardian Name _____
Phone _____ Parent/Guardian Email _____
Coach Name _____ Club Name _____
Phone _____ Coach Email _____

BASIC DECLARATION

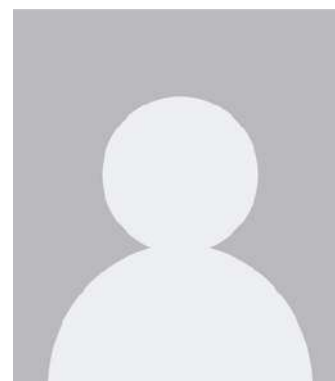
I confirm that the information given in this form is true and correct. I understand that Muay Thai involves risk, and I am choosing to compete on my own free will. If I am under 18, I have the consent of my parents or guardians to participate.

I have read and understood the rules of the Golden Mongkhon International LLP and agree to respect them and uphold the values of Muay Thai.

By signing below, I accept and agree to this declaration.

FIGHTER SIGNATURE

PARENT / GUARDIAN SIGNATURE
IN CASE OF FIGHTER UNDER 18





GOLDEN MONGKHON INTERNATIONAL

TEAM ENTRY FORM

CLUB DETAILS

CLUB NAME _____

Club Registered nu _____

Team Coach _____

Team Manager _____

FIGHTERS DEATILS

SI Nu	FIGHTER NAME	AGE GROUP	WEIGHT CATEGORY

TEAM COACH SIGNATURE

TEAM MANAGER SIGNATURE

