

# KATS Medical Exemption Form (Motor Use Approval)

Competitor (Patient) Name: \_\_\_\_\_

Competitor Phone Number: (\_\_\_\_) \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Medical Office Address: \_\_\_\_\_

Medical Office Contact: \_\_\_\_\_

Medical Office Phone Number:(\_\_\_\_) \_\_\_\_\_

(Patient Name) \_\_\_\_\_ qualifies for a temporary motorized kayak exemption in order to compete in the KATS (Kayak Anglers Tournament Series) competitive events. This exemption allows this patient to physically and safely compete in this paddlesport competition due to a disability, illness, or other medical situation that impairs the competitors ability to compete in this paddlesport event in a traditional non-motorized kayak or canoe.

Time Period of Exemption (not to exceed current tournament series season): \_\_\_\_\_.

Physician's Signature: \_\_\_\_\_

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

For more information or questions regarding this event series please contact us at [AKFteam@austinkayak.com](mailto:AKFteam@austinkayak.com) or 512-687-3020.