

# **WAC - ICKKF**

**11<sup>th</sup> - 13<sup>rd</sup> APRIL 2014**

## **VAGOS-AVEIRO - PORTUGAL**

### **ATTENTION! VERY IMPORTANT!**

- In order to attend the competitions it is necessary to have a valid medical certification attesting competitor's fitness to the agonistic activities for the year ending 2014 and a valid insurance certification. These certifications must be valid also in PORTUGAL!
- For the Full Contact Specialties (Kickboxing/ K1/ Full Contact/ Chinese Boxing/MMA/ Knockdown) competitors it is necessary to have the specific medical certification.
- For the Competitors under 18 years old it is necessary the parents authorization.
- Without these certifications and forms no one will be admitted to compete and no money will be given back.
- You must present all these documents to the Organizing Committee at the time of the check-in.

### **CHIEF DELEGATION RESPONSABILITY FORM FOR THE FULL CONTACT SPECIALTIES KICKBOXING/K1/FULL CONTACT/ CHINESE BOXING/ MMA/KNOCKDOWN**

PLEASE FILL, SIGN AND DELIVER THIS FORM AT THE CHECK-IN

COUNTRY: .....

CHIEF DELEGATION SURNAME AND NAME: .....

#### **WITH THIS DOCUMENT I DECLARE TO BE RESPONSIBLE OF ALL MY DELEGATION MEMBERS AND:**

- I DECLARE UNDER MY RESPONSABILITY THAT EVERY COMPETITOR OF MY DELEGATION IS IN POSSESS OF THE SPECIFIC AND REGULAR MEDICAL CERTIFICATION VALID AND NECESSARY TO COMPETE IN FULL CONTACT SPECIALTIES AS KICKBOXING/K1/FULL CONTACT/ CHINESE BOXING/ MMA/KNOCKDOWN AS INTERNATIONAL SPORT AND OLYMPIC LAW REQUEST AND VALID FOR THE YEAR ENDING 2014.
- I DECLARE TO KNOW THIS MEDICAL CERTIFICATION IS A SPECIFIC ONE.
- I DECLARE UNDER MY RESPONSABILITY THAT EVERY COMPETITOR OF MY DELEGATION IS IN POSSESSION OF THE SPECIFIC AND REGULAR INSURANCE CERTIFICATION VALID FOR THE YEAR ENDING 2014 AND VALID FOR ANY INCIDENT HAPPENED DURING THE COMPETITIONS.
- I DECLARE THAT EVERY COMPETITOR OF MY DELEGATION HAS NOT SUFFERED ANY K.O. OR T.K.O. 3 MONTHS BEFORE THE 4TH WORLD ALL STYLES CHAMPIONSHIP.
- I DECLARE THAT ALL COMPETITORS OF MY DELEGATION ARE CLASS "B" AND "C" COMPETITORS. NO ONE OF THEM IS CLASS "A".
- I DECLARE THAT ALL COMPETITORS OF MY DELEGATION DON'T USE ANY DRUG OR DOPING SUBSTANCE AS INTERNATIONAL SPORT AND OLYMPIC LAWS REQUEST.
- I DECLARE TO DECLINE ABOUT EVERY FORM OF RESPONSIBILITY THE ORGANIZING COMMITTEE, WAC AND ICKKF IN CASE OF EVENTUAL INCIDENT HAPPENED DURING THE 4<sup>TH</sup> WORLD ALL STYLES CHAMPIONSHIP.

CHIEF DELEGATION SIGNATURE: .....

# **WAC - ICKKF**

**11<sup>th</sup> - 13<sup>rd</sup> APRIL 2014**

**VAGOS- AVEIRO - PORTUGAL**

**ATTENTION! VERY IMPORTANT!**

**FOR THE PARENTS OF COMPETITORS UNDER 18 YEARS OLD THAT COMPETE IN  
FULL CONTACT SPECIALTIES  
KICKBOXING/ K1/ FULL CONTACT/ CHINESE BOXING/ MMA/ KNOCKDOWN**

## **PARENT'S AUTHORIZATION**

PLEASE FILL, SIGN AND DELIVER THIS FORM AT THE CHECK-IN

COUNTRY: .....

SURNAME (Father or Mother) : .....

NAME (Father or Mother) : .....

**WITH THIS DOCUMENT I DECLARE TO BE PARENT OF THE COMPETITOR UNDER 18 YEAR OLD**

(NAME & SURNAME OF THE COMPETITOR): .....

**AND I DECLARE UNDER MY FULL RESPONSABILITY:**

- TO PERMIT TO MY SON/DAUGHTER TO ATTEND THE COMPETITIONS "WAC - 4<sup>TH</sup> WORLD ALL STYLES CHAMPIONSHIP" OF KICKBOXING/ K1/ FULL CONTACT/ CHINESE BOXING/ MMA/ KNOCKDOWN FROM THE 11<sup>TH</sup> TILL 13<sup>TH</sup> OF APRIL IN VAGOS-AVEIRO-PORTUGAL (PAVILHÃO MUNICIPAL DR. JOÃO ROCHA).
- I DECLARE TO KNOW THAT COMPETING IN FULL CONTACT SPECIALITIES (KICKBOXING/ K1/ FULL CONTACT/ CHINESE BOXING/ MMA/ KNOCKDOWN) IT IS POSSIBLE THAT MY SON/DAUGHTER MAY SUFFER A K.O. (KNOCK OUT). I KNOW THAT THE K.O. IS A PART OF FULL CONTACT SPECIALTIES RULES.
- I KNOW THE SPECIF RULES OF KICKBOXING/ K1/ FULL CONTACT/ CHINESE BOXING/ MMA/ KNOCKDOWN COMPETITIONS.
- I DECLARE THAT MY SON/DAUGHTER IS IN POSSESSION OF A VALID AND SPECIF MEDICAL AND INSURANCE CERTIFICATIONS VALID FOR THE YEAR ENDING 2014.
- I DECLARE TO KNOW THAT TO COMPETE IN FULL CONTACT SPEIALITIES IT IS NECESSARY THE SAME MEDICAL CERTIFICATION THAT IS NECESSARY TO COMPETE IN BOXE COMPETITIONS. THIS IS A MORE SPOECIFIC MEDICAL CRTIFICATION WITH MORE SPECIFIC MEDICAL.
- I DECLARE THAT MY SON/DAUGHTER HAS NOT SUFFERED ANY K.O. IN THE LAST 3 MONTHS BEFORE THE 4<sup>TH</sup> WORLD ALL STYLES CHAMPIONSHIP.
- I DECLARE THAT MY SON/DAUGHTER IS "B" OR "C" AND NOT CLASS "A" COMPETITOR.
- I DECLARE THAT MY DAUGHTER IS NOT PREGNANT.
- I DECLARE THAT MY SON/DAUGHTER DOESN'T USE ANY DRUG OR DOPING SUBSTANCE AS INTERNATIONAL SPORT AND OLYMPIC LAWS REQUEST.
- I DECLARE TO DECLINE ABOUT EVERY FORM OF RESPONSIBILITY THE ORGANIZING COMMITTEE, WAC AND ICKKF IN CASE OF EVENTUAL INCIDENT HAPPENED DURING THE 4<sup>TH</sup> WORLD ALL STYLES CHAMPIONSHIP.

PARENT SIGNATURE: .....

# **WAC - ICKKF**

**11<sup>th</sup> - 13<sup>rd</sup> APRIL 2014**

**VAGOS- AVEIRO - PORTUGAL**

**ATTENTION! VERY IMPORTANT!**

**FOR THE COMPETITORS OVER 18 YEARS OLD THAT COMPETE IN  
FULL CONTACT SPECIALTIES  
KICKBOXING/ K1/ FULL CONTACT/ CHINESE BOXING/ MMA/ KNOCKDOWN**

## **SELF CERTIFICATION**

PLEASE FILL, SIGN AND DELIVER THIS FORM AT THE CHECK-IN

I (SURNAME AND NAME): ..... **DECLARE UNDER MY FULL RESPONSIBILITY TO BE IN POSSESSION OF A MEDICAL AND INSURANCE CERTIFICATION VALID FOR THE YEAR ENDING 2014 AND I DECLARE:**

- TO BE IN POSSESSION OF THE SPECIFIC AND REGULAR MEDICAL CERTIFICATION VALID AND NECESSARY TO COMPETE IN FULL CONTACT SPECIALTIES AS KICKBOXING/ K1/ FULL CONTACT/ CHINESE BOXING/ MMA/ KNOCKDOWN AS INTERNATIONAL SPORT AND OLYMPIC LAW REQUEST IN WHICH K.O. (KNOCK OUT) IS ALLOWED. I KNOW THAT TO COMPETE IN FULL CONTACT SPECIALTIES IT IS NECESSARY THE SAME MEDICAL CERTIFICATION THAT IS NECESSARY TO COMPETE IN BOXE COMPETITIONS. THIS IS A MORE SPECIFIC MEDICAL CERTIFICATION WITH MORE SPECIFIC MEDICAL EXAMINATIONS.
- THAT I HAVE NOT SUFFERED A K.O. (KNOCK OUT) IN THE LAST 3 MONTHS BEFORE THE WORLD 4TH WORLD ALL STYLES CHAMPIONSHIP.
- I DECLARE TO BE IN POSSESSION OF A VALID AND REGULAR INSURANCE CERTIFICATION IN THE CASE OF EVENTUAL INCIDENTS HAPPENED DURING COMPETITIONS FROM THE 11<sup>TH</sup> TILL 13<sup>TH</sup> OF APRIL 2014 AND I DECLINE TOTALLY THE ORGANIZING COMMITTEE, WAC AND ICKKF FROM ANY KIND OF CIVIL OR PENAL RESPONSIBILITY IN THE EVENT OF INCIDENTS HAPPENED DURING THE COMPETITIONS.
- I DECLARE UNDER MY FULL RESPONSIBILITY TO BE A CLASS "B" OR "C" COMPETITOR AND DON'T BE A CLASS "A" COMPETITOR.
- I DECLARE UNDER MY FULL RESPONSIBILITY I DON'T USE ANY DRUG OR DOPING SUBSTANCE AS INTERNATIONAL SPORT AND OLYMPIC LAWS REQUEST.
- **FOR THE WOMEN:** I DECLARE TO BE NOT PREGNANT.

COMPETITOR SIGNATURE:.....