



### 2021 REGISTRATION PROCEDURE

In accordance with the provisions of the new WAKO Rules and the decisions of the WAKO Board of Directors, the following is the registration procedure for all participants of the upcoming **WAKO World Championships for Seniors and Master Class (All disciplines) to be held from 15 to 24 October 2021 in Jesolo, Italy** and **WAKO European Kickboxing Championships for Older Cadets and Juniors to be held from 5 to 14 November 2021 in Budva, Montenegro**.

**All participants in these competitions must be registered through the RSpportz platform** for registration of WAKO members, i.e. all participants must have their WAKO Sport ID. Participants required to be registered are: competitors, coaches, judges and referees, officials and other members of national teams.

#### **WAKO COVID-19 REQUIREMENTS**

- **It is a requirement for all athletes to have a valid negative PCR test not older than 72 hours**
- **It is a requirement for all championships' officials (coaches, referees/judges, healthcare personnel, all organizational and technical staff) and parents who accompany minors to have a valid negative PCR test not older than 72 hours AND a certificate or EU Digital COVID Certificate of full vaccination not older than 270 days from the date of the vaccination.**
- **Participants who have recovered from COVID-19 may also be allowed to participate. In this case, they MUST have a valid negative PCR test not older than 72 hours and certification of healing is required (the validity of the healing certificate is 180 days from the date of the first positive PCR test). If the time elapsed from the first positive PCR test is longer than 180, they should be vaccinated and give proof of vaccination.**
- **All the documents related to COVID vaccination or certification of healing must be in English.**
- **For the latest information on travel requirements to Italy and Montenegro, before you go, please check the latest Covid-19 requirements on the following official websites:**
  - <https://www.salute.gov.it/portale/nuovocoronavirus/dettaglioContenutiNuovoCoronavirus.jsp?lingua=english&id=5412&area=nuovoCoronavirus&menu=vuoto>
  - <https://www.montenegro.travel/en/news/1692>
- **Note: Notwithstanding the requirements of the official health authorities of Italy and Montenegro (this is only valid for entry into the country) the WAKO COVID-19 requirements must be fully met.**

For registrations through the Rspportz platform, please contact your national registration administrator or the general secretary of the national federation and they can be done now. In case of any problems, please contact RSpportz administrators - Tomas - [tomas@rspportz.com](mailto:tomas@rspportz.com) (for all English speaking countries); Eddy - [Eddy@rspportz.com](mailto:Eddy@rspportz.com), (for North & South America & all Spanish speaking countries); Alex - [Alex@rspportz.com](mailto:Alex@rspportz.com), (for the Russian speaking countries)

Entries and registrations for competitions in competition categories as well as for other functions should be made through the SportData registration platform.

Registrations for the competition will be open 5 weeks before the start of the competition and will close 7 days before the start of the competition. After the registration is closed, no changes are allowed except the deletion of participants for justified reasons.

In case of any problems, please contact SportData administrator - Mr. John Engelhardt - [jengelhardt@sportdata.org](mailto:jengelhardt@sportdata.org)

Registrations for competitions are not related to reservations and possible cancellations of accommodation. The conditions and deadlines for booking accommodation and possible cancellation of accommodation are defined in the invitation letter for each competition.

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### **Registrations will be open as follows:**

- **WAKO World Championships for Seniors and Master Class - 15-24 October 2021 - Jesolo, Italy**
  - Registrations open: Friday September, 10 2021 at 00:00 (CET)
  - Registration closed: Friday October, 8 2021 at 23:59 (CET)
  - Registration, weight and medical control: From Friday, October 15 2021 from 14:00 to 20:00 (CET)  
To Saturday, October 16 2021 from 09:00 to 20:00 (CET)
  
- **WAKO European Championships for Older Cadets and Juniors - 5-14 November 2021 - Budva, Montenegro**
  - Registrations open: Friday, October, 1 2021 at 00:00 (CET)
  - Registration closed: Friday, October, 29 2021 at 23:59 (CET)
  - Registration, weight and medical control: From Friday, November 5 2021 from 09:00 to 22:00 (CET)  
To Saturday, November 6 2021 from 09:00 to 22:00 (CET)

### **Documents for registrations**

**All documents should be filled in via computer (all required data), hand-signed (for underage competitors the documents are co-signed by the parent), scanned in PDF or JPG format (other formats or photographed documents will not be accepted) and uploaded via the provided links.**

### **RSportz Registration - WAKO SPORT ID**

To register via the RSportz - WAKO Sport ID platform, the following documents must be uploaded:

- scan of Passport or ID
- Photo (format: JPG, JPEG / dimensions min 200x200 px / max 2 MB)
- WAKO Medical certificate (athletes, judges and referees), signed and stamped by qualified medical doctor
- WAKO Dental Brace certification (athletes, if they have them), signed and stamped by qualified Orthodontic Surgeon
- WAKO Referee's Code of Conduct (only for referees and judges)
- **All Coaches MUST have a valid covid vaccination certificate from their national health authority, uploaded in to RSportz and registered to be given the event coaches pass**
- **All referees must have a covid vaccination certificate for their national health authority uploaded in to R Sports, to be given the event Referees pass**

### **SportData registration for championships**

To register via SportData platform for competition:

- WAKO Liability Waiver (for ALL COMPETITORS)
- WAKO Medical Questionnaire (for ALL COMPETITORS)  
(Hard copy of document must be submitted personally during medical control)
- WAKO Non-Pregnancy Declaration (for FEMALE KICKBOXERS 14 year and older)
- WAKO Parental Consent (for ALL MINOR KICKBOXERS - 17 year of age and younger)
- WAKO Covid-19 Questionnaire (for ALL PARTICIPANTS)  
(Hard copy of document must be submitted personally during medical control)
- All Coaches must complete the WADA Coach true quiz (see link below)
- All Athletes must complete and upload their Play true WADA certificate (see link below)
- Covid Vaccination Certificate
- **All Coaches MUST have a valid covid vaccination certificate from their national health authority, uploaded in to SportData competition page and registered to be given the event coaches pass**

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# WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

## WAKO IF TECHNICAL DIRECTOR

- **All referees must have a covid vaccination certificate for their national health authority uploaded in to SportData competition page, to be given the event Referees pass**
- **All participants** (athletes, coaches, referees, all organizational and technical staff) to have a valid negative PCR test not older than 72 hours (See previous paragraph WAKO COVID-19 REQUIREMENTS). The required COVID-19 documents MUST be brought by each participant in person (hard copy) and handed over at the official medical examination during the registration for the Championship.
- **All Senior Athletes** competing in World and Continental Championships must have completed the **“International-Level Athletes Education Program”** prior to participation, upon creation of their own account on the WADA’s ADEL platform:  
[https://adel.wada-ama.org/learn/public/learning\\_plan/view/1/international-level-athletes-educationprogram-english](https://adel.wada-ama.org/learn/public/learning_plan/view/1/international-level-athletes-educationprogram-english)
- **All athletes** who are in the Registered Testing Pool must complete the course **“ADEL for Registered Testing Pool athletes”** prior to competing in World and Continental Championships:  
<https://adel.wada-ama.org/learn/course/external/view/elearning/10/adel-for-registered-testing-poolathletes-english>
- **All accredited coaches** participating in World and Continental Championships must have completed the **“High Performance Coaches' Education Program”** on the ADEL platform prior to taking part in the Championships:  
[https://adel.wada-ama.org/learn/public/learning\\_plan/view/7/high-performance-coaches-educationprogram-english](https://adel.wada-ama.org/learn/public/learning_plan/view/7/high-performance-coaches-educationprogram-english)
- **All accredited Team Physicians** must have completed the **“Medical Professional's Education Program”** on the ADEL platform prior to serve in the Championships:  
[https://adel.wada-ama.org/learn/public/learning\\_plan/view/13/medical-professionals-educationprogram-english](https://adel.wada-ama.org/learn/public/learning_plan/view/13/medical-professionals-educationprogram-english)

**Note : Failure to do any of the above \*\* Before the start date of the competition \*\* will result in you being unable to attend, coach or officiate at the WAKO World and Continental Championships.**

All forms can be downloaded from the WAKO website:

<http://wako.sport/en/page/forms-and-documents/65/>

or from SportData web page of competition - section Download

### **World Championships:**

[https://www.sportdata.org/kickboxing/set-online/popup\\_main.php?popup\\_action=uploads&vern=1098&ver\\_info\\_action=info#a\\_eventhead](https://www.sportdata.org/kickboxing/set-online/popup_main.php?popup_action=uploads&vern=1098&ver_info_action=info#a_eventhead)

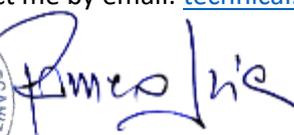
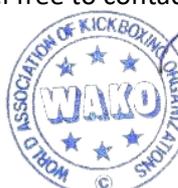
### **European Championships:**

<https://www.sportdata.org/kickboxing/set-online> ...

All participants are required to bring copies of all documents with them and, if necessary, hand them in during the control weighing and medical examination.

In you have any questions, please feel free to contact me by email: [technical.director@wako.sport](mailto:technical.director@wako.sport)

Best regards

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### APPENDIX 1 - Form: MEDICAL CERTIFICATE (for competitor) (upload to RSportz)



## WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

<b>MEDICAL CERTIFICATE</b> for kickboxer		For:		
		<input type="checkbox"/> - semi-annual registration <input type="checkbox"/> - annual registration <input type="checkbox"/> - championship - competition <input type="checkbox"/> - after suspension period following injury or KO/RSCH		
Country Code	WAKO National Federation		<input type="checkbox"/> Passport No. / <input type="checkbox"/> Identity card No.	
Sports ID Number	Family name	Given name	Middle name	Nationality / Citizenship
Gender M / F	Kickboxing discipline Ring / Tatami / Forms	Age category CH, YC, OC, J, YJ, OJ, S, M		Weight category

I hereby confirm that the kickboxer indicated above has passed a pre-participation screening following his/her national laws and WAKO Medical Rules - SEE PAGE TWO, and kickboxer is

### Medically FIT

to participate in kickboxing training and at all levels of kickboxing competition during the period of validity of this certificate.

<b>This certificate is valid until:</b>	_____
	Date (dd/mm/yyyy)

DECLARATION: "I, the undersigned, declare on my honor that I am eligible and fulfil the Conditions stipulated by the Rules of WAKO. I also declare that, pursuant to Regulation (EU) 679/2016 (GDPR), I am aware that the data collected through this document will be processed for the purposes described in WAKO Privacy Notice and that I have taken vision of the latter pursuant to art.13 GDPR."

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Signature and stamp of qualified Medical Doctor of the same country of residence of the kickboxer

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## WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

### MIMINUM EXAMS AND INSTRUMENTAL ASCERTAINMENTS FOR THE RELEASE OF MEDICAL CERTIFICATE FOR WAKO DISCIPLINES

#### Ring disciplines:

##### Mandatory:

- Medical history
- Complete physical exam, included, but not limited to, cardiovascular system (heart auscultation, blood pressure, pulses)
- Rest electrocardiogram
- Stress electrocardiogram for kickboxers aged 41 or more

##### Optional (recommended):

- Stress electrocardiogram (mandatory from 2024)
- Eye exam included a dilated ophthalmological examination of fundus oculi, administered by a licensed ophthalmologist (mandatory from 2025)
- Neurological exam administered by a licensed neurologist or neurosurgeon (mandatory from 2025)
- Blood Work (for kickboxers aged 18 and older): HIV, Hepatitis B Surface Antigen, Hepatitis C Antibodies (mandatory from 2028)

#### Tatami disciplines:

##### Mandatory:

- Medical history
- Complete physical exam, included, but not limited to, cardiovascular system (heart auscultation, blood pressure, pulses)
- Rest electrocardiogram
- Stress electrocardiogram for kickboxers aged 41 or more

##### Optional (recommended):

- Stress electrocardiogram (mandatory from 2024 - independently from age). In Master class (veteran) competitors it is mandatory to reach a heart rate higher than 90% of their theoretical maximum (220 minus age in years)

#### Forms:

##### Mandatory:

- Medical history
- Complete physical exam, included, but not limited to, cardiovascular system (heart auscultation, blood pressure, pulses)
- Rest electrocardiogram

##### Optional (recommended):

- No more tests are suggested

These are the minimum requirements for the release of a Medical Certificate for WAKO disciplines. It can be implemented case by case, following National laws and National Federations' Medical Rules.

The maximum length validity for a **Medical Certificate**, independently from the WAKO discipline is **one year**.

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### APPENDIX 2 - Form: DENTAL BRACE CERTIFICATE (for competitor - if any) (RSportz)



## WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

### Dental Brace Certification

Name & Surname of kickboxer \_\_\_\_\_

Name & Surname of the Orthodontic Surgeon \_\_\_\_\_

I confirm that I have fitted a dental brace to the above-mentioned kickboxer on (dd/mm/yyyy) \_\_\_\_\_ and I expect him/her to need to keep it in place until (dd/mm/yyyy) \_\_\_\_\_.

I also confirm that I have personally fitted the above-mentioned kickboxer with a personal protective mouth-guard that I am confident will provide him/her with normal protection to the mouth, gums and teeth and the dental brace itself, should he/she wish to participate in kickboxing competitions.

I consider that he/she will be at no more risk than any other person taking part in kickboxing competitions in accordance with the WAKO rules.

DECLARATION: "I declare that, pursuant to Regulation (EU) 679/2016 (GDPR), I am aware that the data collected through this document will be processed for the purposes described in WAKO Privacy Notice and that I have taken vision of the latter pursuant to art.13 GDPR."

\_\_\_\_\_ Date

\_\_\_\_\_ Orthodontic Surgeon's signature and stamp

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### APPENDIX 3 - Form: MEDICAL CERTIFICATE (for referee) (upload to RSportz)



## WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

<b>MEDICAL CERTIFICATE</b> for referee / judge		For: <input type="checkbox"/> - annual registration <input type="checkbox"/> - championship - competition		
Country Code	WAKO National Federation		<input type="checkbox"/> Passport No. / <input type="checkbox"/> Identity card No.	
Sports ID Number	Family name	Given name	Middle name	Nationality / Citizenship
Gender M / F	Kickboxing discipline Ring / Tatami / Forms	Duty (cross one or both possibilities) Referee / Judge		

I hereby confirm that the referee / judge indicated above has passed a pre-participation screening following his/her national laws and WAKO Medical Rules (SEE PAGE TWO), and he/she is

### Medically FIT

to participate at all levels of kickboxing competition during the period of validity of this certificate.

Under current WAKO Medical Rules, I confirm, moreover, that the referee / judge is not medically suspended from participating to this WAKO event and he/she has no health problems that would prevent him/her from performing his/her duties properly.

<b>This certificate is valid until:</b>	_____
	Date (dd/mm/yyyy)

DECLARATION: "I, the undersigned, declare on my honor that I am eligible and fulfil the Conditions stipulated by the Rules of WAKO. I also declare that, pursuant to Regulation (EU) 679/2016 (GDPR), I am aware that the data collected through this document will be processed for the purposes described in WAKO Privacy Notice and that I have taken vision of the latter pursuant to art.13 GDPR."

_____	_____
Date (dd/mm/yy)	Signature and stamp of qualified Medical Doctor of the same country of residence of the referee/judge

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### APPENDIX 5 - Text of REFEREES' CODE OF CONDUCT (upload to RSpertz)



## WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

### WAKO REFEREES' CODE OF CONDUCT

WAKO IF Referee Committee hereby commits to your agreement to the following "Code of Conduct", which will apply for as long as you are a Wako Referee / Judge / Official during ALL WAKO Tournaments at which you officiating at:

#### DIGNITY

##### Code 1:

I must be neutral. I have no right to give any preference to anyone or any country.

##### Code 2:

I must not conduct myself in any manner that is derogatory to WAKO IF.

##### Code 3:

I must not violate any rules & regulations of social behaviour in my relations with members of the locals and visiting Countries' citizens.

##### Code 4:

I have no right to bet on kickboxing or results of the fight.

##### Code 5:

I must not be under the influence or smell of any alcohol during the entire period of any WAKO tournaments in which I participate in.

##### Code 6:

I Must not smoke in the competition venue.

##### Code 7:

I must not use a mobile phone / iPad whilst at the fighting area (tatami, ring), including sat at the official score table or at the referees seating area.

##### Code 8:

I must at all times conduct myself in a professional and ethical manner, giving due regard, respect and courtesy to my fellow Chief referees, Referees / Judges, Supervisor and other WAKO officials, coaches and kickboxers.

#### INTEGRITY

##### Code 9:

I must not, directly or indirectly, solicit, accept or offer any form of remuneration or commission, nor any concealed benefit, service or gift of any nature that could be considered as a bribe, connected with anyone related to any tournament in which I participate in. I understand that to do so may constitute bribery and may lead to an investigation and action being taken against me.

##### Code 10:

Only official souvenirs from the WAKO Country may be given or accepted, as a mark of respect or appreciation for my contribution.

#### CONFIDENTIALITY

##### Code 11:

I must not collude or collaborate with any party by violating the approved WAKO rules that are in use and valid at that given time.

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### WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

#### Code 12:

When performing my duties as a WAKO Referee / Judge / Official, I must not communicate with anybody about any tournament related issue within the tournament venue and / or any other location for the entire period of the tournament, especially to persons from my own country such as National federation members, officials, media and the public.

#### Code 13:

I must not socialise with or become intimate with fighters, coaches, or enter into any relationship or take any action that casts doubt on my impartiality as a WAKO Referee / Judge or Official

#### Code 14:

I must treat any information I may receive, from WAKO in relation to my position as a WAKO Referee / Judge / Official, confidentially and, in particular, I must not disclose any confidential information with any other officials or members of the public.

#### Code 15:

I must speak out if anybody is trying to influence me.

#### AVAILABILITY

#### Code 16:

I must be on time for ALL tournament assignments or jobs assigned to me.

#### Code 17:

I must be available to attend all arranged Official Referees/ Judges Meetings on or before the tournament day.

#### Code 18:

I must fulfil all duties assigned to me by the Supervisor or Chief referee.

#### RESPONSIBILITY

#### Code 19:

I must maintain a good physical condition, with personal hygiene and a professional appearance at all times when performing my duties as a WAKO Referee / Judge or Official.

#### Code 20:

I must not criticise or attempt to comment on calls or decisions made by other Officials, unless where requested by the Supervisor or Chief referee.

#### Code 21:

I must respect the WAKO Rules, plus all other Rules that apply to and within WAKO, including the Code of Ethics,

I agree to be bound by this **Code of Conduct** and accept the fact that any infringement of it will be referred to a WAKO Disciplinary committee and could lead to an immediate sanction against me in accordance with WAKO Disciplinary procedures.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ PLACE and DATE: \_\_\_\_\_

ROLE: \_\_\_\_\_

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### APPENDIX 6 - Form: LIABILITY WAIVER (upload to SportData)



## WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

### WAKO LIABILITY WAIVER

Event: \_\_\_\_\_

Please read the below information carefully, complete the requested information, date and sign under you name. This form must be completed and returned to a Weight Control official when registering.

Name: \_\_\_\_\_ Sports ID: \_\_\_\_\_

DOB: \_\_\_\_\_ Country: \_\_\_\_\_ E mail Address: \_\_\_\_\_

Weight Class: \_\_\_\_\_ kg Style: \_\_\_\_\_

#### LIABILITY WAIVER:

I, the undersigned hereby confirm and agree to the following:

- I have adequate Medical insurance to cover my participation during this event;
- I, the undersigned, do hereby declared that I am currently and prior to leaving my country was in good physical condition and I had not suffered from any injury, infection or disability label to affect my capacity to compete in the current WAKO event;
- I release the event promoter, WAKO, WAKO's officers, the WAKO organising committee, the WAKO (IF) Board, WAKO members and WAKO Continental Board its servants/agents, volunteer committee and referees from any claims and any loss, damage sustained while participating in the above mention event;
- I understand and I am fully aware that I am participating in a contact sport and may in the normal course of events sustain an injury while competing;
- **In case of emergency (injuries, cuts etc.) and in any case whenever it is required by the WAKO Medical Rules, I agree that the medical staff on duty can proceed to any examination they deem opportune;**
- therefore, I assume full responsibility for all of my actions during and connected with this event I also agree that my attendance and or performance may be photographed, filmed or taped and used by WAKO, event promoter and/or their respective authorized agents. I waive any compensation thereof.

I, the undersigned, hereby authorize:

- free of charge, without time limits, any publication and/or dissemination of my pictures and videos on WAKO website, on any social channel (Facebook, etc.), on printed paper and/or on any other means of communication;
- the storage of the photos and videos in the WAKO's archives and acknowledges that the pictures and the videos will be used for informational and promotional purposes.
- the processing of your personal data for the management of all activities related to the organization of the event.

This authorization may be revoked at any time by written communication to be sent by e-mail to the address [administration@wako.sport](mailto:administration@wako.sport)

I hereby undertake and agree to abide all WAKO Rules and Regulations including WADA / WAKO Anti-Doping rules and agrees to be tested if requested to do so. I will treat my fellow competitors, officials and referees with, Respect, Integrity, Fair Play and Honour.

I also declare that, pursuant to Regulation (EU) 679/2016 (GDPR), I am aware that the data collected through this document will be processed for the purposes described in WAKO Privacy Notice and that I have taken vision of the latter pursuant to art.13 GDPR.

I declare to have read and understood the content of this document.

Place and Date: \_\_\_\_\_ Signature: \_\_\_\_\_

For a kickboxer under the age of 18 signature of Parent or Legal Guardian:

Parent's or Legal Guardian's signature \_\_\_\_\_

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APPENDIX 7 - Form: MEDICAL QUESTIONNAIRE (upload to SportData)



WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

WAKO MEDICAL QUESTIONNAIRE SPORTS MEDICAL EXAMINATION

Event: \_\_\_\_\_

Please read the below information carefully, complete the requested information, date and sign under you name. This form must be completed and returned to a Medical Control official when registering.

Name: \_\_\_\_\_ Sports ID: \_\_\_\_\_

DOB: \_\_\_\_\_ Country: \_\_\_\_\_ E mail address: \_\_\_\_\_

Weight Class: \_\_\_\_\_ kg Style: \_\_\_\_\_

Table with 3 columns: Question, Yes, No. Rows include: Did you have any illnesses earlier?, Were you born with any of your body parts missing?, Have you ever been treated in hospital?, etc.

Please give further details on answers with "Yes": \_\_\_\_\_

I officially declare that I am fully responsible for my answers given above. I also declare that, pursuant to Regulation (EU) 679/2016 (GDPR), I am aware that the data collected through this document will be processed for the purposes described in WAKO Privacy Notice and that I have taken vision of the latter pursuant to art.13 GDPR.

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

For a kickboxer under the age of 18 signature of Parent or Legal Guardian: \_\_\_\_\_ Parent's or Legal Guardian's signature

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APPENDIX 8 - Form: PARENTAL CONSENT (upload to SportData)



WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

PARENTAL / LEGAL GUARDIAN CONSENT

I \_\_\_\_\_ as parent(s) / legal guardian of the minor

son / daughter \_\_\_\_\_ Passport / ID number \_\_\_\_\_

Full name of underage competitor

Passport / ID Number

agree that my son / daughter participate as a competitor on kickboxing competition

\_\_\_\_\_ / \_\_\_\_\_

Name of the competition

Place and date of competition

accompanied by a coach \_\_\_\_\_ Passport / ID number \_\_\_\_\_

Full name of coach

Coach's Passport / ID Number

I confirm with my signature that I fully agree with all of the provisions set out in the WAKO Liability Waiver and with all is reported in WAKO Medical Questionnaire signed by my son / daughter and WAKO Non-pregnancy declaration signed by my daughter.

I also confirm with my signature that I fully agree that in case of an accident and the need of medical assistance to my son / daughter, all necessary exams (including x-rays and CT scan) and all necessary medical treatments (including blood transfusions and surgical procedures) should be performed.

The above-mentioned coach, who is also signing this document, will be responsible of staying with my underage son / daughter in case of accidents needing medical treatment that may last longer than the duration of the kickboxing competition. This includes COVID-19 related aspects (isolation, quarantine, hospitalization, etc.). The coach will be allowed to come back home only at the arrival of the parent / legal guardian of the minor.

I also declare that, pursuant to Regulation (EU) 679/2016 (GDPR), I am aware that the data collected through this document will be processed for the purposes described in WAKO Privacy Notice and that I have taken vision of the latter pursuant to art.13 GDPR.

I declare to have read and understood the content of this document.

Place and Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent(s) / Legal Guardian's signature

Signature: \_\_\_\_\_

Coach's signature

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APPENDIX 9 - Form: NON-PREGNANCY DECLARATION (upload to SportData)



WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

NON-PREGNANCY DECLARATION for FEMALE KICKBOXERS 14 year and older

Event: \_\_\_\_\_

Please read the below information carefully, complete the requested information, date and sign under your name. This form must be completed and returned to a Medical Control official when registering.

Name: \_\_\_\_\_ Sports ID: \_\_\_\_\_

DOB: \_\_\_\_\_ Country: \_\_\_\_\_ E mail address: \_\_\_\_\_

Weight Class: \_\_\_\_\_ kg Style: \_\_\_\_\_

I declare that: I am not pregnant.

I understand the seriousness of this statement and accept full responsibility for it. In the case that this declaration is subsequently shown to be inaccurate or untrue and I suffer any related injury or damage during the competition, I on behalf of myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against WAKO (including its officials and employees), the organizers of the competition (including the Organizing Committee and/or the Host Federation) and the Competition Venue owners for such injury or damage.

I officially declare that I am fully responsible for the statement given above. I also declare that, pursuant to Regulation (EU) 679/2016 (GDPR), I am aware that the data collected through this document will be processed for the purposes described in WAKO Privacy Notice and that I have taken vision of the latter pursuant to art. 13 GDPR.

\_\_\_\_\_ Date (dd/mm/yy) \_\_\_\_\_ Kickboxer's Signature

For a kickboxer under the age of 18 signature of Parent or Legal Guardian: \_\_\_\_\_ Parent's or Legal Guardian's signature

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APPENDIX 10 - Form: COVID-19 HEALTH QUESTIONNAIRE (upload to SportData)



COVID-19 HEALTH QUESTIONNAIRE (\*)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

National Federation/Club \_\_\_\_\_

Please, cross the proper: 

Kickboxer	Referee/Judge	Other official
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Age Category \_\_\_\_\_ Kickboxing discipline \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Have you experienced any of the below symptoms in the last 14 days?

Table with 3 columns: Symptom, YES, NO. Rows include: Body Temperature ≥37.5°C, Dry cough, Nasal congestion, Sore throat, Difficult breathing, Headache, Conjunctivitis, Muscle aches and pains, Diarrhea or vomiting, Loss of taste and/or smell, Fatigue without a known cause, Rash on the skin or discoloration of fingers or toes, and a contact question.

In addition, I confirm that in case I have had COVID-19, I have had a medical clearance before resuming training, stating that I am fit for competitive kickboxing.

DECLARATION: "I declare that, pursuant to Regulation (EU) 679/2016 (GDPR), I am aware that the data collected through this document will be processed for the purposes described in WAKO Privacy Notice and that I have taken vision of the latter pursuant to art.13 GDPR."

Date \_\_\_\_\_

Signature of athlete (or parent/legal guardian if underage)

\* Hand in at the onsite registration

