



WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

MEDICAL CERTIFICATE for kickboxer

For:

- ☐ - semi-annual registration
- ☐ - annual registration
- ☐ - championship - competition
- ☐ - 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.

| | |
|---|-------------------------|
| This certificate is valid until: | <hr/> 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 kickboxer

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Page 1/2