

WTKA
WORLD CHAMPIONSHIPS
&
MARTIAL MARATHON
1st - 4th NOVEMBER 2012
MARINA DI CARRARA (MS) - ITALY

ATTENTION! VERY IMPORTANT!

- In order to attend the competitions it is necessary to be registered members of any Martial Arts and Combat Sport Organizations, to have a valid medical certification attesting competitor's fitness to the agonistic activities for the year ending 2012 and a valid insurance certification.
- These certifications must be valid also in Italy!
- For the Full Contact Specialties (Full Contact/K1/Kickboxing/ Muay Thai) competitors it is necessary to have the specific medical certification.
- For the Competitors – 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 have to send to Organizing Committee all these documents 10 days before the start of competitions.

CHIEF DELEGATION RESPONSABILITY FORM
FOR THE FULL CONTACT SPECIALTIES
KICKBOXING/K1/FULL CONTACT/MUAY THAI

PLEASE FILL, SIGN AND FAX TO 0039 0585 240851 OR EMAIL TO info@wtkainternational.com

COUNTRY _____

CHIEF DELEGATION SURNAME & 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 FULL CONTACT/KICKBOXING/K1/MUAY THAI AS INTERNATIONAL SPORT AND OLYMPIC LAW REQUEST VALID FOR THE YEAR ENDING 2012.
- I DECLARE TO KNOW THIS MEDICAL CERTIFICATION IS A SPECIFIC ONE. IT IS THE SAME CERTIFICATION NECESSARY TO COMPETE IN BOXE COMPETITIONS WITH SPECIFIC MEDICAL EXAMINATIONS AS ELECTOENCEPHALOGRAM.
- I DECLARE UNDER MY RESPONSABILITY THAT EVERY COMPETITOR OF MY DELEGATION IS IN POSSESS OF THE SPECIFIC AND REGULAR INSURANCE CERTIFICATION VALID FOR THE YEAR ENDING 2012 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 MONTH BEFORE THE WTKA WORLD CHAMPIONSHIPS & MARTIAL ARTS MARATHON.
- 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, WTKA INTERNATIONAL AND WTKA ITALIA ASSOCIATIONS IN CASE OF EVENTUAL INCIDENT HAPPENED DURING THE WTKA WORLD CHAMPIONSHIPS AND MARTIAL ARTS MARATHON.

CHIEF DELEGATION SIGNATURE

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WORLD CHAMPIONSHIPS
&
MARTIAL MARATHON
1st - 4th NOVEMBER 2012
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ATTENTION! VERY IMPORTANT!
FOR THE PARENTS OF COMPETITORS – 18 YEARS OLD THAT COMPETE IN
KICKBOXING/K1/FULL CONTACT/MUAY THAI

PARENT'S AUTHORIZATION

Without these certifications and forms no one will be admitted to compete and no money will be given back.

PLEASE FILL, SIGN AND FAX TO 0039 0585 240851 OR EMAIL TO info@wtkainternational.com

COUNTRY _____

SURNAME (father or mother) _____

NAME (father or mother) _____

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

(NAME & SURNAME OF THE COMPETITOR) _____

AND I DECLARE UNDER MY FULL RESPONSIBILITY:

- TO PERMIT TO MY SON/DAUGHTER TO ATTEND THE COMPETITIONS “WTKA WORLD CHAMPIONSHIPS & MARATHON OF MARTIAL ARTS” OF KICKBOXING/FULL CONTACT/K1/MUAY THAI FROM 1st TO 4th NOVEMBER 2012 IN MARINA DI CARRARA (“CARRARAFIERE” COMPLEX).
- I DECLARE TO KNOW THAT COMPETING IN FULL CONTACT SPECIALTIES (KICKBOXING/FULL CONTACT/K1/THAI BOXE) 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 SPECIFIC RULES OF FULL CONTACT/KICKBOXING/K1/MUAY THAI COMPETITIONS
- I DECLARE THAT MY SON/DAUGHTER IS IN POSSES OF A VALID AND SPECIFIC MEDICAL AND INSURANCE CERTIFICATIONS VALID FOR THE YEAR ENDING 2012.
- I DECLARE TO KNOW THAT TO COMPETE IN FULL CONTACT SPECIALTIES IT IS NECESSARY THE SAME MEDICAL CERTIFICATION THAT IT IS NECESSARY TO COMPETE IN BOXE COMPETITIONS. THIS IS A MORE SPECIFIC MEDICAL CERTIFICATION WITH MORE SPECIFIC MEDICAL EXAMINATIONS AS FOR EXAMPLE THE ELECTROENCEPHALOGRAM.
- I DECLARE THAT MY SON/DAUGHTER HAS NOT SUFFERED A K.O. (KNOCK OUT) IN THE LAST 3 MONTHS BEFORE THE WTKA WORLD CHAMPIONSHIPS & MARATHON OF MARTIAL ARTS.
- I DECLARE THAT MY SON IS “B” OR “C” CLASS AND NOT CLASS “A” COMPETITOR.
- I DECLARE THAT MY DOUGHTER 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, WTKA INTERNATIONAL AND WTKA ITALIA ASSOCIATIONS IN CASE OF EVENTUAL INCIDENT HAPPENDED DURING THE WTKA WORLD CHAMPIONSHIPS AND MARTIAL ARTS MARATHON.

PARENT SIGNATURE

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1st - 4th NOVEMBER 2012
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ATTENTION! VERY IMPORTANT!
SELCERTIFICATION
FOR THE COMPETITORS OVER 18 YEARS OLD THAT COMPETE IN
KICKBOXING/K1/FULL CONTACT/MUAY THAI

Without these certifications and forms no one will be admitted to compete and no money will be given back.

PLEASE FILL, SIGN AND FAX TO 0039 0585 240851 OR EMAIL TO info@wtkainternational.com

I (name & surname) _____ DECLARE

UNDER MY FULL RESPONSABILITY TO BE IN POSSESS OF A MEDICAL AND INSURANCE
CERTIFICATION VALID FOR THE YEAR ENDING 2012 AND I DECLARE:

A) TO BE IN POSSESS OF THE SPECIFIC AND REGULAR MEDICAL CERTIFICATION VALID AND NECESSARY TO COMPETE IN FULL CONTACT SPECIALTIES AS FULL CONTACT/KICKBOXING/K1/MUAY THAI 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 IT IS NECESSARY TO COMPETE IN BOXE COMPETITIONS. THIS IS A MORE SPECIFIC MEDICAL CERTIFICATION WITH MORE SPECIFIC MEDICAL EXAMINATIONS AS FOR EXAMPLE THE ELECTROENCEPHALOGRAM.

B) THAT I HAVE NOT SUFFERED A K.O. (KNOCK OUT) IN THE LAST 3 MONTHS BEFORE THE WTKA WORLD CHAMPIONSHIPS & MARATHON OF MARTIAL ARTS.

C) I DECLARE TO BE IN POSSESS OF VALID AND REGULAR INSURANCE CERTIFICATION IN THE CASE OF EVENTUAL INCIDENT HAPPENED DURING COMPETITIONS FROM 1st TO 4th NOVEMBER 2012. AND I DECLINE TOTALLY THE ORGANIZING COMMITTEE, WTKA ITALIA ASSOCIATION AND WTKA INTERNATIONAL ASSOCIATION FROM ANY KIND OF CIVIL OR PENAL RESPONSABILITY IN THE EVENT OF INCIDENTS HAPPENED DURING THE COMPETITIONS.

D) I DECLARE UNDER MY FULL RESPONSIBILITY TO BE A CLASS "B" OR "C" COMPETITOR AND DON'T BE A CLASS "A" COMPETITOR.

E) I DECLARE UNDER MY FULL RESPONSIBILITY DON'T USE ANY DRUG OR DOPING SUBSTANCE AS INTERNATIONAL SPORT AND OLYMPIC LAWS REQUEST.

F) FOR THE WOMEN: I DECLARE TO BE NOT PREGNANT.

COMPETITOR SIGNATURE
