

aPARENT'S AUTHORIZATION

2° World Judgement Games 2017

31-04 Mai 2017, Greece, City Katerini

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 2017 and a valid insurance certification. These certifications must be valid also in **Greece, City Katerini!**

For the Full Contact Specialties (all Ring and Cage sports) competitors it's 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

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, MT, MMA/SANDA/KUNG FU** AS INTERNATIONAL SPORT AND OLYMPIC LAW REQUEST AND VALID FOR THE YEAR ENDING 2017.

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 2017 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 **2° World Judgement Games 2017** .

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, WMMAFC

AND WFM IN CASE OF EVENTUAL INCIDENT HAPPENED DURING THE **2° World Judgement Games 2017**.

CHIEF DELEGATION SIGNATURE:.....

2° World Judgement Games 2017

31-04 Mai 2017, Greece, City Katerini

ATTENTION! VERY IMPORTANT!

**FOR THE PARENTS OF COMPETITORS UNDER 18 YEARS OLD THAT COMPETE IN
FULL CONTACT SPECIALTIES**

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 – **2° World Judgement Games 2017.**

FROM THE **31-04 Mai 2017, Greece, City Katerini.**

I DECLARE TO KNOW THAT COMPETING IN FULL CONTACT SPECIALITIES 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 SPECIALITIES RULES.

I KNOW THE SPECIF RULES OF COMPETITIONS.

I DECLARE THAT MY SON/DAUGHTER IS IN POSSESSION OF A VALID AND SPECIF MEDICAL AND INSURANCE CERTIFICATIONS VALID FOR THE YEAR ENDING 2017.

I DECLARE TO KNOW THAT TO COMPETE IN FULL CONTACT SPECIALITIES IT IS NECESSARY THE SAME MEDICAL CERTIFICATION THAT IS NECESSARY TO COMPETE IN COMPETITIONS. THIS IS A MORE SPECIFIC MEDICAL CERTIFICATION WITH MORE SPECIFIC MEDICAL.

I DECLARE THAT MY SON/DAUGHTER HAS NOT SUFFERED ANY K.O. IN THE LAST 3 MONTHS BEFORE THE **2° World Judgement Games 2017.**

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, WMAFC AND WFM IN CASE OF EVENTUAL INCIDENT HAPPENED DURING THE **2° World Judgement Games 2017.**

PARENT SIGNATURE:

2° World Judgement Games 2017

31-04 Mai 2017, Greece, City Katerini

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 2017 and a valid insurance certification. These certifications must be valid also in Greece!

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 LIGHT CONTACT SPECIALTIES AND FORMS

LOW KICK/ KARATE/ /WEAPONS FIGHTING/ALL FORMS/ ALL SELF DEFENCES ETC.

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 LIGHT CONTACT SPECIALTIES AND FORMS AS INTERNATIONAL SPORT AND OLYMPIC LAW REQUEST AND VALID FOR THE YEAR ENDING 2017.

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 2017 AND VALID FOR ANY INCIDENT HAPPENED DURING THE COMPETITIONS.

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,

WMMAFC & WFM CASE OF EVENTUAL INCIDENT HAPPENED DURING THE **2° World Judgement Games 2017.**

CHIEF DELEGATION SIGNATURE: