

# UNIFIED WORLD CHAMPIONSHIPS

25th – 2930th OCTOBER 2017

CARRARA FIERE - ITALY

## 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!
- 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 LIGHT CONTACT SPECIALTIES AND FORMS  
FIGHT POINT/SEMI CONTACT/CONTINUOUS FIGHTING/LOWKICK LIGHT/  
MMA LIGHT/SUBMISSION WRESTLING/KARATE/KUNG FU/FREE TOTAL LIGHT  
COMBAT/WEAPONS FIGHTING/BREAKING TECHNIQUES/ALL FORMS/  
ALL SELF DEFENCES ETC.**

PLEASE FILL, SIGN AND EMAIL TO

[info@wtkainternational.com](mailto: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 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 POSSESS 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, WTKA ASSOCIATIONS IN CASE OF EVENTUAL INCIDENT HAPPENED DURING THE WORLD CHAMPIONSHIPS.

CHIEF DELEGATION SIGNATURE

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# UNIFIED WORLD CHAMPIONSHIPS

25th – 29th OCTOBER 2017

CARRARA FIERE - ITALY

## ATTENTION! VERY IMPORTANT!

FOR THE PARENTS OF COMPETITORS – 18 YEARS OLD THAT COMPETE IN  
**LIGHT CONTACT SPECIALTIES AND FORMS**  
FIGHT POINT/SEMI CONTACT/CONTINUOUS FIGHTING/LOWKICK LIGHT/  
MMA LIGHT/SUBMISSION WRESTLING/KARATE/KUNG FU/FREE TOTAL LIGHT  
COMBAT/WEAPONS FIGHTING/BREAKING TECHNIQUES/ALL FORMS/  
ALL SELF DEFENCES ETC.

## 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 EMAIL TO  
[info@wtkainternational.com](mailto: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 “UNIFIED WORLD CHAMPIONSHIPS ” FROM 25 OCTOBER TO 29 OCTOBER 2017 IN CARRARA - ITALY.
- I DECLARE THAT MY SON/DAUGHTER IS IN POSSES OF A VALID AND SPECIFIC MEDICAL AND INSURANCE CERTIFICATIONS VALID FOR THE YEAR ENDING 2017.
- 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 ASSOCIATIONS IN CASE OF EVENTUAL INCIDENT HAPPENED DURING THE WORLD CHAMPIONSHIPS.

PARENT SIGNATURE

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# UNIFIED WORLD CHAMPIONSHIPS

25th – 29th OCTOBER 2017

CARRARA FIERE - ITALY

**ATTENTION! VERY IMPORTANT!**

**SELF CERTIFICATION**

**FOR THE COMPETITORS OVER 18 YEARS OLD THAT COMPETE IN**

**LIGHT CONTACT SPECIALTIES AND FORMS**

**FIGHT POINT/SEMI CONTACT/CONTINUOUS FIGHTING/LOWKICK LIGHT/  
MMA LIGHT/SUBMISSION WRESTLING/KARATE/KUNG FU/FREE TOTAL LIGHT  
COMBAT/WEAPONS FIGHTING/BREAKING TECHNIQUES/ALL FORMS/  
ALL SELF DEFENCES ETC.**

I UNDERSIGNED (name & surname) \_\_\_\_\_

**DECLARE UNDER MY FULL RESPONSIBILITY**

**A) TO BE IN POSSESS OF MEDICAL CERTIFICATION VALID FOR THE YEAR ENDING 2017**

**B) I DECLARE TO BE IN POSSESS OF VALID AND REGULAR INSURANCE CERTIFICATION IN  
THE CASE OF EVENTUAL INCIDENT HAPPENED DURING COMPETITIONS FROM 25  
OCTOBER TO 29 OCTOBER 2017.**

**AND I DECLARE TO DECLINE TOTALLY THE ORGANIZING COMMITTEE, WTKA  
ASSOCIATION FROM ANY KIND OF CIVIL OR PENAL RESPONSIBILITY IN THE EVENT OF  
INCIDENTS HAPPENED DURING THE COMPETITIONS.**

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

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

COMPETITOR SIGNATURE

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