



MEDICAL RULES



Appendix 6. Dental brace Certification



**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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