



# MEDICAL RULES



## Appendix 4. Parental / Legal Guardian Consent



**WORLD ASSOCIATION  
OF KICKBOXING ORGANIZATIONS**

### PARENTAL / LEGAL GUARDIAN CONSENT

I \_\_\_\_\_ mother / father / legal guardian of  
*Full name of underage competitor's mother, father or legal guardian*

son / daughter \_\_\_\_\_ Passport / ID number \_\_\_\_\_  
*Full name of underage competitor* *Passport / ID Number*

agree that my son / daughter participate as a competitor on kickboxing competition

\_\_\_\_\_ / \_\_\_\_\_  
*Name of the competition* *Place and date of competition*

accompanied by a coach \_\_\_\_\_ Passport / ID number \_\_\_\_\_  
*Full name of coach* *Coach's Passport / ID Number*

I confirm with my signature that I fully agree with all of the provisions set out in the *WAKO Liability Waiver* and with all is reported in *WAKO Medical Questionnaire* and *WAKO Non-pregnancy declaration* signed by my son / daughter.

I also confirm with my signature that I fully agree that in case of an accident and the need of medical assistance to my son / daughter, all necessary exams (including x-rays and CT scan) and all necessary medical treatments (including blood transfusions and surgical procedures) should be performed.

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.

I declare to have read and understood the content of this document.

Place and Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
*Parent's or Legal Guardian's signature*

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