



THE OFFICIAL  
**K-1 OPEN**  
WORLD AMATEUR CHAMPIONSHIPS  
MILANO ITALY 29<sup>TH</sup> NOV - 1<sup>ST</sup> DEC 2019



**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 (not older than 12 months) and a valid insurance certification. These certifications must be valid also in Italy !
- **For the Competitors under the age of 18 years old it is necessary the parents authorization.**
- For K-1 Light it is necessary to have the specific and regular medical certification to compete in Light Contact Rules Specialties. For the competitors in K-1 it is necessary to have the specific and regular medical certification for Full Contact Rules Specialties (K1 Rules - Full Contact - Low Kick Kickboxing - Muay Thai - Sanda/Sanshou - Boxing).
- Without these certifications and forms no one will be admitted to compete and no money will be given back.
- You have to fill, sign and present in original all these documents to registration for the competition.

**PRESIDENT & CHIEF OF DELEGATION RESPONSABILITY FORM  
FOR K-1 LIGHT & K-1**

**PLEASE FILL, SIGN AND PRESENT IN ORIGINAL TO REGISTRATION  
INFOLINE: [k1worldopen@gmail.com](mailto:k1worldopen@gmail.com)**

COUNTRY \_\_\_\_\_ TEAM \_\_\_\_\_  
PRESIDENT \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CHIEF DELEGATION \_\_\_\_\_ EMAIL \_\_\_\_\_  
PHONE \_\_\_\_\_ MOBILE \_\_\_\_\_  
COACHES \_\_\_\_\_ OFFICIALS \_\_\_\_\_

**WITH THIS DOCUMENT WE DECLARE TO BE RESPONSIBLE OF ALL OUR DELEGATION MEMBERS AND:**

- FOR K-1 LIGHT WE DECLARE UNDER OUR RESPONSIBILITY THAT EVERY COMPETITOR OF OUR DELEGATION IS IN POSSESS OF THE SPECIFIC AND REGULAR MEDICAL CERTIFICATION VALID AND NECESSARY TO COMPETE IN LIGHT CONTACT RULES SPECIALTIES AS INTERNATIONAL SPORT AND OLYMPIC LAW REQUEST AND VALID (NOT OLDER THAN 12 MONTHS).
- FOR K-1 WE DECLARE UNDER OUR RESPONSIBILITY THAT EVERY COMPETITOR OF OUR DELEGATION IS IN POSSESS OF THE SPECIFIC AND REGULAR MEDICAL CERTIFICATION VALID AND NECESSARY TO COMPETE IN FULL CONTACT RULES SPECIALTIES AS K-1 RULES - FULL CONTACT - LOW KICK KICKBOXING - MUAY THAI - SANDA/SANSHOU AS NATIONAL AND INTERNATIONAL SPORT AND OLYMPIC LAW REQUEST VALID (NOT OLDER THAN 12 MONTHS).
- FOR K-1 WE DECLARE TO KNOW THIS MEDICAL CERTIFICATION IS A SPECIFIC ONE. IT IS THE SAME CERTIFICATION NECESSARY TO COMPETE IN BOXING COMPETITIONS WITH SPECIFIC MEDICAL EXAMINATIONS AS ELECTROENCEPHALOGRAM, EYES EXAMINATION WITH VIDEAT FUNDUS OCULI, ETC.
- WE DECLARE THAT EVERY COMPETITOR OF OUR DELEGATION HAS NOT SUFFERED ANY K.O. OR T.K.O. 3 MONTH BEFORE THE K-1 OPEN WORLD AMATEUR CHAMPIONSHIPS 2019.
- WE DECLARE UNDER OUR RESPONSABILITY THAT EVERY COMPETITOR OF OUR DELEGATION IS IN POSSESS OF THE SPECIFIC AND REGULAR INSURANCE CERTIFICATION VALID FOR THE YEAR ENDING 2019 AND VALID FOR ANY INCIDENT HAPPENED DURING THE COMPETITIONS.
- WE DECLARE THAT ALL COMPETITORS OF OUR DELEGATION DON'T USE ANY DRUG OR DOPING SUBSTANCE AS INTERNATIONAL SPORT AND OLYMPIC LAWS REQUEST.
- WE DECLARE TO DECLINE ABOUT EVERY FORM OF RESPONSIBILITY THE ORGANIZING COMMITTEE, K-1 OPEN, FIGHT1, ALL PROMOTERS IN CASE OF EVENTUAL INCIDENT HAPPENED DURING THE K-1 OPEN WORLD AMATEUR CHAMPIONSHIPS 2019 IN MILANO - ITALY.

**PRESIDENT'S SIGNATURE**

**CHIEF OF DELEGATION SIGNATURE**

\_\_\_\_\_

\_\_\_\_\_



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**MILANO ITALY 29<sup>TH</sup> NOV - 1<sup>ST</sup> DEC 2019**



**ATTENTION! VERY IMPORTANT!**

**FOR THE PARENTS OF COMPETITORS  
UNDER THE AGE OF 18 YEARS OLD THAT COMPETE IN K-1 LIGHT**

**PARENTAL PERMISSION**

WITHOUT THESE CERTIFICATIONS AND FORMS NO ONE WILL BE ADMITTED TO COMPETE AND NO MONEY WILL BE GIVEN BACK

**PLEASE FILL, SIGN AND PRESENT IN ORIGINAL TO REGISTRATION  
WITH PARENTAL IDENTITY DOCUMENT COPY**

**INFOLINE: [k1worldopen@gmail.com](mailto:k1worldopen@gmail.com)**

COUNTRY \_\_\_\_\_ TEAM \_\_\_\_\_

SURNAME (FATHER OR MOTHER) \_\_\_\_\_

NAME (FATHER OR MOTHER) \_\_\_\_\_

BORN (PLACE AND DAY) \_\_\_\_\_

**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 K-1 OPEN WORLD AMATEUR CHAMPIONSHIPS FROM 29<sup>TH</sup> NOVEMBER TO 1<sup>ST</sup> DECEMBER 2019 IN MILANO - ITALY.
- I DECLARE THAT MY SON/DAUGHTER IS IN POSSES OF A SPECIFIC MEDICAL CERTIFICATION AND INSURANCE CERTIFICATIONS VALID (NOT OLDER THAN 12 MONTHS).
- I ACCEPT THE INSURANCE COVERAGES OF MY SON/DAUGHTER. I KNOW THE MAXIMUM COVERAGES OF THIS POLICY THAT I ACCEPT, WAIVING ANY AND ALL REVENGE, COMPENSATION, RECOURSE AGAINST LIABLE OR THIRD PARTY.
- 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, K-1 OPEN, FIGHT1, ALL PROMOTERS IN CASE OF EVENTUAL INCIDENT HAPPENED DURING THE K-1 OPEN WORLD AMATEUR CHAMPIONSHIPS 2019 IN MILANO - ITALY.
- I AUTHORIZE THE PUBLICATION OF IMAGES OF MY SON/DAUGHTER AND MYSELF EFFECTED DURING THE COMPETITIONS, IN THE MEANS USED BY THE ORGANIZATION, AND THAT THEY ARE DIFFUSED WITH ALL PERMISSIBLE FORMS AND SUPPORTS, WITHOUT CONDITIONS OR RESERVES, EVERY TIME, WITHOUT ANY OBLIGATION TO CORRESPOND A REMUNERATION.
- IN COMPLIANCE WITH THE GDPR - EU REGULATION 2016/679 AND THE ITALIAN LEGISLATIVE DECREE N.196/2003, I HAVE READ AND ACCEPT UNRESERVEDLY THE PRIVACY POLICY AND I HEREBY AUTHORIZE THE TREATMENT OF MY SON/DAUGHTER PERSONAL DATA FOR THE MANAGEMENT OF THE OPERATION.

**PARENT'S SIGNATURE** \_\_\_\_\_



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**SELF CERTIFICATION**

**FOR THE COMPETITORS OVER 18 YEARS OLD  
THAT COMPETE IN K-1 LIGHT**

**PLEASE FILL, SIGN AND PRESENT IN ORIGINAL TO REGISTRATION  
INFOLINE: [k1worldopen@gmail.com](mailto:k1worldopen@gmail.com)**

COUNTRY \_\_\_\_\_ TEAM \_\_\_\_\_

I UNDERSIGNED (NAME & SURNAME) \_\_\_\_\_

BORN (PLACE AND DAY) \_\_\_\_\_

**DECLARE UNDER MY FULL RESPONSIBILITY:**

- TO BE IN POSSESS OF MEDICAL CERTIFICATION VALID (NOT OLDER THAN 12 MONTHS)..
- I DECLARE TO BE IN POSSESS OF VALID AND REGULAR INSURANCE CERTIFICATION IN THE CASE OF EVENTUAL INCIDENT HAPPENED DURING COMPETITIONS K-1 OPEN WORLD AMATEUR CHAMPIONSHIPS FROM 29<sup>TH</sup> NOVEMBER TO 1<sup>ST</sup> DECEMBER 2019 IN MILANO - ITALY.
- I KNOW MY INSURANCE COVERAGES. I KNOW THE MAXIMUM COVERAGES OF THIS POLICY THAT I ACCEPT, WAIVING ANY AND ALL REVENGE, COMPENSATION, RECOURSE AGAINST LIABLE OR THIRD PARTY.
- I DECLARE UNDER MY FULL RESPONSIBILITY DON'T USE ANY DRUG OR DOPING SUBSTANCE AS INTERNATIONAL SPORT AND OLYMPIC LAWS REQUEST.
- FOR THE WOMEN: I DECLARE TO BE NOT PREGNANT.
- I DECLARE TO DECLINE TOTALLY THE ORGANIZING COMMITTEE, K-1 OPEN, FIGHT1, ALL PROMOTERS FROM ANY KIND OF CIVIL OR PENAL RESPONSIBILITY IN THE EVENT OF INCIDENTS HAPPENED DURING THE COMPETITIONS K-1 OPEN WORLD AMATEUR CHAMPIONSHIPS 2019 IN MILANO - ITALY.
- I AUTHORIZE THE PUBLICATION OF IMAGES OF MY SON/DAUGHTER AND MYSELF EFFECTED DURING THE COMPETITIONS, IN THE MEANS USED BY THE ORGANIZATION, AND THAT THEY ARE DIFFUSED WITH ALL PERMISSIBLE FORMS AND SUPPORTS, WITHOUT CONDITIONS OR RESERVES, EVERY TIME, WITHOUT ANY OBLIGATION TO CORRESPOND A REMUNERATION.
- IN COMPLIANCE WITH THE GDPR - EU REGULATION 2016/679 AND THE ITALIAN LEGISLATIVE DECREE N.196/2003, I HAVE READ AND ACCEPT UNRESERVEDLY THE PRIVACY POLICY AND I HEREBY AUTHORIZE THE TREATMENT OF MY PERSONAL DATA FOR THE MANAGEMENT OF THE OPERATION.

**COMPETITOR'S SIGNATURE** \_\_\_\_\_



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**FOR THE PARENTS OF COMPETITORS**

**UNDER THE AGE OF 18 YEARS OLD THAT COMPETE IN K-1  
PARENTAL PERMISSION**

WITHOUT THESE CERTIFICATIONS AND FORMS NO ONE WILL BE ADMITTED TO COMPETE AND NO MONEY WILL BE GIVEN BACK

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COUNTRY \_\_\_\_\_ TEAM \_\_\_\_\_

SURNAME (FATHER OR MOTHER) \_\_\_\_\_

NAME (FATHER OR MOTHER) \_\_\_\_\_

BORN (PLACE AND DAY) \_\_\_\_\_

**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 K-1 OPEN WORLD AMATEUR CHAMPIONSHIPS FROM 29<sup>TH</sup> NOVEMBER TO 1<sup>ST</sup> DECEMBER 2019 IN MILANO - ITALY.
- I DECLARE TO KNOW THAT COMPETING IN FULL CONTACT SPECIALTIES (K-1 FULL CONTACT RULES) 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 RULES SPECIALTIES.
- I KNOW THE SPECIFIC RULES OF K-1 FULL CONTACT COMPETITIONS.
- I DECLARE THAT MY SON/DAUGHTER IS IN POSSES OF A VALID AND SPECIFIC MEDICAL AND INSURANCE CERTIFICATIONS VALID (NOT OLDER THAN 12 MONTHS).
- I ACCEPT THE INSURANCE COVERAGES OF MY SON/DAUGHTER. I KNOW THE MAXIMUM COVERAGES OF THIS POLICY THAT I ACCEPT, WAIVING ANY AND ALL REVENGE, COMPENSATION, RECOURSE AGAINST LIABLE OR THIRD PARTY.
- 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 BOXING COMPETITIONS. THIS IS A MORE SPECIFIC MEDICAL CERTIFICATION WITH MORE SPECIFIC MEDICAL EXAMINATIONS AS FOR EXAMPLE THE ELECTROENCEPHALOGRAM, EYES EXAMINATION WITH VIDEAT FUNDUS OCULI, ETC.
- I DECLARE THAT HE/SHE DOESN'T HAVE ANY CONTROINDICATION, ABOUT THE SYMPTOMS DESCRIBED IN THE PRE-COMPETITION DECLARATION ATTACHMENT "A" AND FOR THE WOMEN ATTACHMENT "B".
- I DECLARE THAT MY SON/DAUGHTER HAS NOT SUFFERED A K.O.(KNOCK OUT) OR T.K.O. IN THE LAST 3 MONTH BEFORE THE K-1 OPEN WORLD AMATEUR CHAMPIONSHIPS 2019.
- I DECLARE THAT MY SON/DAUGHTER DOESN'T USE ANY DRUG OR DOPING SUBSTANCE AS INTERNATIONAL SPORT AND OLYMPIC LAWS REQUEST.
- FOR THE WOMEN: I DECLARE THAT MY DOUGHTER IS NOT PREGNANT.
- I DECLARE TO DECLINE ABOUT EVERY FORM OF RESPONSIBILITY THE ORGANIZING COMMITTEE, K-1 OPEN, FIGHT1, ALL PROMOTERS IN CASE OF EVENTUAL INCIDENT HAPPENED DURING THE K-1 OPEN WORLD AMATEUR CHAMPIONSHIPS 2019 IN MILANO - ITALY.
- I AUTHORIZE THE PUBLICATION OF IMAGES OF MY SON/DAUGHTER AND MYSELF EFFECTED DURING THE COMPETITIONS, IN THE MEANS USED BY THE ORGANIZATION, AND THAT THEY ARE DIFFUSED WITH ALL PERMISSIBLE FORMS AND SUPPORTS, WITHOUT CONDITIONS OR RESERVES, EVERY TIME, WITHOUT ANY OBLIGATION TO CORRESPOND A REMUNERATION.
- IN COMPLIANCE WITH THE GDPR - EU REGULATION 2016/679 AND THE ITALIAN LEGISLATIVE DECREE N.196/2003,I HAVE READ AND ACCEPT UNRESERVEDLY THE PRIVACY POLICY AND I HEREBY AUTHORIZE THE TREATMENT OF MY SON/DAUGHTER PERSONAL DATA FOR THE MANAGEMENT OF THE OPERATION.

**PARENT'S SIGNATURE** \_\_\_\_\_



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**FOR THE COMPETITORS OVER 18 YEARS OLD**  
**THAT COMPETE IN K-1**

**PLEASE FILL, SIGN AND PRESENT IN ORIGINAL TO REGISTRATION**  
**INFOLINE: [k1worldopen@gmail.com](mailto:k1worldopen@gmail.com)**

COUNTRY \_\_\_\_\_ TEAM \_\_\_\_\_

I UNDERSIGNED (NAME & SURNAME) \_\_\_\_\_

BORN (PLACE AND DAY) \_\_\_\_\_

**DECLARE UNDER MY FULL RESPONSIBILITY:**

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- TO BE IN POSSESS OF THE SPECIFIC AND REGULAR MEDICAL CERTIFICATION VALID AND NECESSARY TO COMPETE IN FULL CONTACT RULES SPECIALTIES AS K1 RULES - FULL CONTACT - LOW KICK KICKBOXING - MUAY THAI - SANDA/SANSHOU AS INTERNATIONAL SPORT AND OLYMPIC LAW REQUEST IN WHICH K.O. (KNOCK OUT) IS ALLOWED. I KNOW THAT TO COMPETE IN FULL CONTACT RULES SPECIALTIES IT IS NECESSARY THE SAME MEDICAL CERTIFICATION THAT IT IS NECESSARY TO COMPETE IN BOXING COMPETITIONS. THIS IS A MORE SPECIFIC MEDICAL CERTIFICATION WITH MORE SPECIFIC MEDICAL EXAMINATIONS AS FOR EXAMPLE THE ELECTROENCEPHALOGRAM, EYES EXAMINATION WITH VIDEAT FUNDUS OCULI, ETC.
- TO BE IN POSSESS OF VALID AND REGULAR INSURANCE CERTIFICATION IN THE CASE OF EVENTUAL INCIDENT HAPPENED DURING COMPETITIONS K-1 OPEN WORLD AMATEUR CHAMPIONSHIPS FROM 29<sup>TH</sup> NOVEMBER TO 1<sup>ST</sup> DECEMBER 2019 IN MILANO - ITALY.
- I KNOW MY INSURANCE COVERAGES. I KNOW THE MAXIMUM COVERAGES OF THIS POLICY THAT I ACCEPT, WAIVING ANY AND ALL REVENGE, COMPENSATION, RECOURSE AGAINST LIABLE OR THIRD PARTY.
- THAT I HAVE NOT SUFFERED A K.O. (KNOCK OUT) OR T.K.O. IN THE LAST 3 MONTHS BEFORE THE K-1 OPEN WORLD AMATEUR CHAMPIONSHIPS 2019.
- I DECLARE UNDER MY FULL RESPONSIBILITY DON'T USE ANY DRUG OR DOPING SUBSTANCE AS INTERNATIONAL SPORT AND OLYMPIC LAWS REQUEST.
- FOR THE WOMEN: I DECLARE TO BE NOT PREGNANT.
- I DECLINE TOTALLY THE ORGANIZING COMMITTEE, K-1 OPEN, FIGHT1, ALL PROMOTERS FROM ANY KIND OF CIVIL OR PENAL RESPONSIBILITY IN THE EVENT OF INCIDENTS HAPPENED DURING THE K-1 OPEN WORLD AMATEUR CHAMPIONSHIPS 2019 IN MILANO - ITALY.
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**COMPETITOR'S SIGNATURE** \_\_\_\_\_



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**(MEN AND WOMEN) ATTACHMENT "A"**  
**K-1 FULL CONTACT RULES**

**Pre-competition declaration for athletes that participate in K-1 full contact rules**

Place and date of the fight: \_\_\_\_\_

Type of competition (ex.: club, championship, etc.): \_\_\_\_\_

**QUESTIONS FOR THE ATHLETE**

Surname and name: \_\_\_\_\_

Date and place of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Team/Association/Society: \_\_\_\_\_

Fighter license n°: \_\_\_\_\_ Issued by \_\_\_\_\_

Weight: \_\_\_\_\_ Date of the last fight: \_\_\_\_\_ result: \_\_\_\_\_

Date of the last fight in similar sport (boxing, etc.): \_\_\_\_\_ result: \_\_\_\_\_

**Have you never had someone of these symptoms last times?**

**(Write Yes or No in the parentheses)**

1. Headaches ( ) ( )
2. Dizziness ( ) ( )
3. Nausea or Vomiting ( ) ( )
4. Double or blurred vision ( ) ( )
5. Faint and/or lost of consciousness ( ) ( )
6. Convulsions/Seizures ( ) ( )

**Have you taken any medicine, drug, integrator last 90 days ? ( ) ( )**

If yes, which? \_\_\_\_\_

**Have you had illnesses or injures last 120 days ? ( ) ( )**

If yes, what kind ? \_\_\_\_\_

Date: \_\_\_\_\_ **Athlete's signature:** \_\_\_\_\_

**QUESTIONS FOR THE COACH**

Surname and name: \_\_\_\_\_

Date and place of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Team/Association/Society: \_\_\_\_\_

Coach license n°: \_\_\_\_\_ Issued by \_\_\_\_\_

**Have you notice any change in your fighter regarding the following ?**

**(Write Yes or No in the parentheses)**

1. Attention or concentration ( ) ( )
2. Memory ( ) ( )
3. Speech ( ) ( )
4. Behaviour ( ) ( )
5. Sparring (quickness) ( ) ( )

If yes, what kind ? \_\_\_\_\_

Date: \_\_\_\_\_ **Coach's signature:** \_\_\_\_\_

**For acknowledgment and acceptance of the qualified physician that effects medical examination**

**Stamp and signature of physician** \_\_\_\_\_

**To deliver in closed envelope to the physician.**





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**(WOMEN) ATTACHMENT "B"**  
**K-1 FULL CONTACT RULES**

**PRE-COMPETITION DECLARATION FOR WOMEN THAT FIGHT FULL CONTACT IN ITALY**

**DECRETO DEL MINISTERO DELLA SALUTE 02/08/2005**  
**MINISTRY OF HEALTH'S DECREE**

Surname and name: \_\_\_\_\_

Date and place of birth \_\_\_\_\_ Nationality \_\_\_\_\_

engaged in the fight of date \_\_\_\_\_ at \_\_\_\_\_

I declare to not have at present moment:

- vaginal hemorrhages, different from menstruation;
- genito-urinary illnesses;
- recent surgery and/or injuries.

**I declare moreover** to have undergone a pregnancy test within 14th days before competitions;

date of pregnancy test \_\_\_\_\_ Result \_\_\_\_\_

Date: \_\_\_\_\_ **Athlete's signature:** \_\_\_\_\_

**Observations**

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**Stamp and signature of physician** \_\_\_\_\_

**To deliver in closed envelope to the physician.**

# MEDICAL CERTIFICATE FOR SPORT K-1 LIGHT

## TO COMPETE IN THE ITALIAN TERRITORY

DOCTOR (name, surname) \_\_\_\_\_

BORN IN (city, nation) \_\_\_\_\_

ON (day/month/year) \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

DOCTOR OFFICE ADDRESS \_\_\_\_\_

PHONE / FAX NUMBER \_\_\_\_\_

Based on a physical examination done on (day/month/year) \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
which included a full medical sport check-up, examination history, urine analysis, rest and stress  
electrocardiogram E.C.G., spirometry test, I hereby declare that

MR / MRS / MS (name, surname) \_\_\_\_\_

BORN IN (city, nation) \_\_\_\_\_

ON (day/month/year) \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_

IDENTITY CARD/PASSPORT \_\_\_\_\_

**is in good health and fit to fight in K-1 LIGHT CONTACT RULES** in accordance with Italian law  
(D.M. 18/02/82).

This sport medical certificate issued by a specialist doctor is considered valid to practice sport  
competitions at agonistic level.

**This certificate is valid for a period of one year.**

Use of contact lenses : [NO] [YES] cross the appropriate box.

CITY, NATION \_\_\_\_\_

DATE (day/month/year) \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

DOCTOR (signature and stamp) \_\_\_\_\_



# **MEDICAL CERTIFICATE FOR SPORT K-1 FULL CONTACT RULES**

## **TO COMPETE IN THE ITALIAN TERRITORY**

DOCTOR (name, surname) \_\_\_\_\_  
BORN IN (city, nation) \_\_\_\_\_  
ON (day/month/year) \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
DOCTOR OFFICE ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
PHONE / FAX NUMBER \_\_\_\_\_

Based on a physical examination done on (day/month/year) \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
which included a full medical sport check-up, examination history, urine analysis, rest and stress  
electrocardiogram E.C.G., spirometry test, electroencephalogram E.E.G, neurological examination,  
ear, nose and throat examination, audiometric examination, eyes examination (with videat fundus  
oculi), I hereby declare that

MR / MRS / MS (name, surname) \_\_\_\_\_  
BORN IN (city, nation) \_\_\_\_\_  
ON (day/month/year) \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
RESIDENTIAL ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
IDENTITY CARD/PASSPORT \_\_\_\_\_

**is in good health and fit to fight in K-1 FULL CONTACT RULES** in accordance with Italian law  
(D.M. 18/02/82).

For women: the PREGNANCY TEST result must be delivered on the day of the pre-bout  
examination and it must have been laboratory certified at least 14 days prior.

This sport medical certificate issued by a specialist doctor is considered valid to practice sport  
competitions at agonistic level.

**This certificate is valid for a period of one year.**

Use of contact lenses : [NO] [YES] cross the appropriate box.

EEG : [NO] [YES] It's mandatory.

CITY, NATION \_\_\_\_\_

DATE (day/month/year) \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

**DOCTOR (signature and stamp)** \_\_\_\_\_

## RELEASE TO COMPETE WITH ORTHODONTIC BRACES/APPLIANCES

Fighters who wish to compete with orthodontic braces or other orthodontic appliances are required to have the following completed "Release to Compete with Orthodontic Braces/Appliance" form. This form requires the written approval of the fighter's dentist/orthodontist and parent/guardian (if under 18 years), and a commitment by the fighter to wear during competition their dentist-moulded gum shield. Fighters competing with orthodontic braces waive the right to dental coverage under any insurance policy.

I understand the above rule and give my permission for (fighter's name):

\_\_\_\_\_ to compete.

### Dentist/Orthodontist Approval :

_____	_____	_____
Print Name	Signature	Date

### Parent Approval if a minor:

_____	_____	_____
Print Name	Signature	Date

### Fighter/Athlete:

_____	_____	_____
Print Name	Signature	Date