



## Dental Brace Certification

<b>WAKO India Affiliates</b>	<input type="checkbox"/> Passport No. / <input type="checkbox"/> Adhaar Card No.

Sports ID Number	First Name	Last Name	Mobile No.

Gender M / F	KICKBOXING DISCIPLINE Ring / Tatami / Forms	AGE CATEGORY CH, YC, OC, J, YJ, OJ, S, M	WEIGHT CATEGORY

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 /WAKO India rules.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Orthodontic Surgeon's signature and stamp