



# WAKO INDIA KICKBOXING FEDERATION

<b>MEDICAL CERTIFICATE FOR KICKBOXER</b>	<b>For:</b> <input type="checkbox"/> - semi-annual registration <input type="checkbox"/> - annual registration <input type="checkbox"/> - championship - competition <input type="checkbox"/> - after suspension period following injury or KO/RSCH
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<b>WAKO India Affiliates</b>	<input type="checkbox"/> <b>Passport No. /</b> <input type="checkbox"/> <b>Adhaar Card No.</b>

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 hereby confirm that the Kickboxer indicated above has passed a pre-participation screening following his/her as per national sports laws and WAKO/ WAKO India Medical Rules and Kickboxer is

## Medically FIT

to participate in Kickboxing training and at all levels of kickboxing competition during the period of validity of this certificate.

<b>This Certificate is valid until:</b>	Date (dd/mm/yyyy)
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DECLARATION: "I, the undersigned, declare on my honor that I am eligible and fulfill the Conditions stipulated by the Rules of WAKO/WAKO India. I also declare that, I am aware that the data collected through this document will be processed for the purposes described in WAKO/ WAKO India Privacy Notice.

\_\_\_\_\_ Date (dd/mm/yy)

\_\_\_\_\_ Signature and stamp of qualified Medical Doctor

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