**2ND OPEN MEDITERRANEAN ALL MARTIAL ARTS STYLES & traditional SPORT CHAMPIONSHIP**

**LEBANON 19\20\21 may 2017**

**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 for the year ending 2017 and a valid insurance certification. These certifications must be valid also in LEBANON!
* For the Full Contact Specialties **(Kickboxing/ K1/ Full Contact/ Chinese Boxing/MMA/ MUAY THAI / KOWAT AL RAMI / JIJITSU/ JUDO /ETC..)** competitors it´s necessary to have the specific medical certification.
* For the Competitors under 18 years old it is necessary the parents authorization.
* Without these certifications and forms no one will be admitted to compete and no money will be given back.
* You must present all these documents to the Organizing Committee at the time of the check-in.

**CHIEF DELEGATION RESPONSABILITY FORM**

**FORT HE FULL CONTACT SPECIALTIES**

**KICKBOXING/K1/FULL CONTACT/ CHINESE BOXING/ MMA/MUAY THAI/**

**KOWAT AL RAMI/ JIJITSU/ JUDO/ETC…**

PLEASE FILL,SIGNANDDELIVER THIS FORM AT THE CHECK-IN

COUNTRY: ……………………………………………………………….…………………………..…………....………

CHIEF DELEGATION SURNAME AND NAME*:……………….………………………………………...…………………..…*

**WITH THIS DOCUMENT I DECLARE TO BE RESPONSIBLE OF ALL MY DELEGATION MEMBERS AND:**

* I DECLARE UNDER MY RESPONSABILITY THAT EVERY COMPETITOR OF MY DELEGATION IS IN POSSESS OF THE SPECIFIC AND REGULAR MEDICAL CERTIFICATION VALID AND NECESSARY TO COMPETE IN FULL CONTACT SPECIALTIES AS **KICKBOXING/K1/FULLCONTACT/CHINESEBOXING/MMA/MUAY THAI/KOWAT AL RAMI /JIJITSU / JUDO/ETC…** INTERNATIONAL SPORT AND OLYMPIC LAW REQUEST AND VALID FOR THE YEAR ENDING 2016.
* I DECLARE TO KNOW THIS MEDICAL CERTIFICATION IS A SPECIFIC ONE.
* I DECLARE UNDER MY RESPONSABILITY THAT EVERY COMPETITOR OF MY DELEGATION IS IN POSSESSION OF THE SPECIFIC AND REGULAR INSURANCE CERTIFICATION VALID FOR THE YEAR ENDING 2016 AND VALID FOR ANY INCIDENT HAPPENED DURING THE COMPETITIONS.

I DECLARE THAT EVERY COMPETITOR OF MY DELEGATION HAS NOT SUFFERED ANY K.O. OR T.K.O. 3 MONTHS BEFORE THE **2ND OPEN MEDETIRRENEAN ALL MARTIAL ARTS STYLES CHAMPIONSHIP 2017**

* I DECLARE THAT ALL COMPETITORS OF MY DELEGATION DON'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, WACA AND LWACA IN CASE OF EVENTUAL INCIDENT HAPPENED DURING THE **LEBANESE WORLD ALL MARTIAL ARTS STYLES CHAMPIONSHIP 2016**

 **CHIEF DELEGATION SIGNATURE:...............................................................**

**2ND OPEN MEDITERRANEAN ALL MARTIAL ARTS STYLES & traditional SPORT CHAMPIONSHIP**

**LEBANON 19\20\21 may 2017**

**ATTENTION! VERY IMPORTANT!**

**FOR THE PARENTS OF COMPETITORS UNDER 18 YEARS OLD THAT COMPETE IN**

**FULL CONTACT SPECIALTIES**

**KICKBOXING/ K1/ FULL CONTACT/ CHINESE BOXING/ MMA/ MUAY THAI/**

 **KOWAT AL RAMI / JIJITSU/JUDO ETC…**

**PARENT’S AUTHORIZATION**

PLEASE FILL,SIGNANDDELIVER THIS FORM AT THE CHECK-IN

COUNTRY: ……………………………………………………………….…………………………..…………....………

SURNAME (Father or Mother) *:……………….………………………………………...……………………………………..…..…*

NAME (Father or Mother) *:……………….………………………………………...…………………………………………..…..…*

**WITH THIS DOCUMENT I DECLARE TO BE PARENT OF THE COMPETITOR UNDER 18 YEAR OLD**

(NAME & SURNAME OF THE COMPETITOR):*……………….…………………………….…………...…………………..…*

**AND I DECLARE UNDER MY FULL RESPONSABILITY:***.*

* TO PERMIT TO MY SON/DAUGHTER TO ATTEND THE COMPETITIONS “**LWACA** – **2ND OPEN MEDITERRANEAN ALL MARTIAL ARTS STYLES CHAMPIONSHIP 2017**” OF **KICKBOXING/ K1/ FULL CONTACT/ CHINESE BOXING/ MMA/** **MUAY THAI / KOWAT AL RAMI/JIJITSU/JUDO ETC…** FROM THE 13 TILL 15 OF MAY 2016 IN LEBANON .
* I DECLARE TO KNOW THAT COMPETING IN FULL CONTACT SPECIALITIES **(KICKBOXING/ K1/ FULL** **CONTACT/ CHINESE BOXING/ MMA/MUAY THAI / KOWAT AL RAMI/JIJITSU/JUDO/ ETC…**) 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 SPECIALTIES RULES.
* I KNOW THE SPECIF RULES OF KICKBOXING/ K1/ FULL CONTACT/ CHINESE BOXING/ MMA/ MUAY THAI /KOWAT AL RAMI /JIJITSU/JUDO COMPETITIONS.
* I DECLARE THAT MY SON/DAUGHTER IS IN POSSESSION OF A VALID AND SPECIF MEDICAL AND INSURANCE CERTIFICATIONS VALID FOR THE YEAR ENDING 2016.
* I DECLARE TO KNOW THAT TO COMPETE IN FULL CONTACT SPEIALITIES IT IS NECESSARY THE SAME MEDICAL CERTIFICATION THAT IS NECESSARY TO COMPETE IN BOXE COMPETITIONS. THIS IS A MORE SPECIFIC MEDICAL CRTIFICATION WITH MORE SPECIFIC MEDICAL.
* I DECLARE THAT MY SON/DAUGHTER HAS NOT SUFFERED ANY K.O. IN THE LAST 3 MONTHS BEFORE THE **2ND** **OPEN MEDITERRANEAN ALL MARTIAL ARTS STYLES CHAMPIONSHIP 2017** .
* I DECLARE THAT MY SON/DAUGHTERIS “B” OR “C” AND NOT CLASS “A” COMPETITOR.
* I DECLARE THAT MY DAUGHTER IS NOT PREGNANT.
* 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,WAC AND LWACA IN CASE OF EVENTUAL INCIDENT HAPPENED DURING THE 4TH WORLD ALL STYLES CHAMPIONSHIP.

PARENT SIGNATURE:...............................................................

**2ND OPEN MEDITERRANEAN ALL MARTIAL ARTS STYLES & traditional SPORT CHAMPIONSHIP**

**LEBANON 19\20\21 may 2017**

**ATTENTION! VERY IMPORTANT!**

**FOR THE COMPETITORS OVER 18 YEARS OLD THAT COMPETE IN**

**FULL CONTACT SPECIALTIES**

**KICKBOXING/ K1/ FULL CONTACT/ CHINESE BOXING/ MMA/ MUAYTHAI /**

**KOWAT AL RAMI /JIJITSU/JUDO/ETC…**

**SELF CERTIFICATION**

PLEASE FILL,SIGNANDDELIVER THIS FORM AT THE CHECK-IN

I (SURNAME AND NAME)*:……………….………………………………………...…………………..…***DECLARE UNDER MY FULL RESPONSIBILITY TO BE IN POSSESION OF A MEDICAL AND INSURANCE CERTIFICATION VALID FOR THE YEAR ENDING 2017 AND I DECLARE:***.*

* TO BE IN POSSESS OF THE SPECIFIC AND REGULAR MEDICAL CERTIFICATION VALID AND NECESSARY TO COMPETE IN FULL CONTACT SPECIALTIES AS **KICKBOXING/ K1/ FULL CONTACT/ CHINESE BOXING/ MUAITHAI / MMA/** **KOWAT AL RAMI / JIJITSU/JUDO/ ETC…** INTERNATIONAL SPORT AND OLYMPIC LAW REQUEST IN WICH K.O. (KNOCK OUT) IS ALLOWED. I KNOW THAT TO COMPETE IN FULL CONTACT SPECIALITIES IT IS NECESSARY THE SAME MEICAL CERTIFICATION THAT IS NECESSARY TO COMPETE IN BOXE COMPETITIONS. THIS IS A MORE SPECIFIC MEDICAL CERTIFICATION WITH MORE SPECIFIC MEDICAL EXAMINATIONS.
* THAT I HAVE NOT SUFFERED A K.O. (KNOCK OUT) IN THE LAST 3 MONTHS BEFORE THE WORLD **2nd** **OPEN MEDETIRRANEAN ALL MARTIAL ARTS STYLES CHAMPIONSHIP 2017** I DECLARE TO BE IN POSSESS OF A VALID AND REGULAR INSURANCE CERTIFICATION IN THE CASE OF EVENTUAL INCIDNT HAPPENED DURING COMPETITIONS FROM THE **19 TILL 21 OF MAY 2017** AND I DECLINE TOTALLY THE ORGANIZING COMMITTEE, WAC AND LWACA FROM ANY KIND OF CIVIL OR PENAL RESPONSABILITY IN THE EVENT OF INCIDENTS HAPPENED DURING THE COMPETITIONS.
* I DECLARE UNDER MY FULL RESPONSABILITY I DON’T USE ANY DRUG OR DOPING SUBSTANCE AS INTERNATIONAL SPORT AND OLYMPIC LAWS REQUEST.
* **FOR THE WOMEN**: I DECLARE TO BE NOT PREGNANT.

COMPETITOR SIGNATURE:...............................................................