

## INFORMED CONSENT

Name: \_\_\_\_\_ First name: \_\_\_\_\_

Federation (practiced combat sport): \_\_\_\_\_

Federal license number: \_\_\_\_\_

**To avoid disqualification by category error, I confirm that my weight in fight is: \_\_\_\_\_ kilos.**

*I, hereby, certify that I read, understood and accept the specific rules of the competition.*

*I certify the above information and agree to provide on the day of the competition the following documents:*

1. Official medical certificate above specifying the ability to fight with authorized Knock-out.
2. Federal license of my official national federation, of the current season.
3. Optional - Passport and FKOK annual stamp to benefit from the fee reduction.

**SIGNATURE**

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## PARENTAL AUTHORIZATION FOR MINORS

*I, hereby, \_\_\_\_\_, certify I have parental authority or guardianship over the child \_\_\_\_\_ and authorize him/her to participate in the Kyokushin Karate competition which will take place on \_\_\_\_\_, date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_.*

**I enclose with this authorization a copy of my identity card or passport to certify my signature.**

I did note that fighters must present themselves with the following mandatory and personal protections:

1. A white Dogi (kimono) of karate, clean with Kanji embroidered or sewn next to the heart.
2. A Kyokushin color grade belt.
3. The mandatory age, gender, weight and level protection requirements specified in the regulation (<http://www.kyokushinkai-france.com/images/pdf/fkokroku.pdf>).

**SIGNATURE**

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## MEDICAL CERTIFICATE

I, Hereby, Doctor \_\_\_\_\_, certify I did examined (M, Mrs, Miss) \_\_\_\_\_, born on \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

I did not find any contraindication to the practice of fighting with "out fight authorized" according to the rules of Kyokushin Karate as described on Internet: <http://www.kyokushinkai-france.com/images/pdf/fkokroku.pdf>.

In \_\_\_\_\_, the \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_.

**(STAMP AND SIGNATURE)**