



# WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

## PARENTAL / LEGAL GUARDIAN CONSENT

I \_\_\_\_\_ as parent / legal guardian of the minor

son / daughter \_\_\_\_\_ Passport / ID number \_\_\_\_\_  
*Full name of underage competitor* *Passport / ID Number*

**agree that my son / daughter participate as a competitor on kickboxing competition**

\_\_\_\_\_/\_\_\_\_\_  
*Name of the competition* *Place and date of competition*

accompanied by a coach \_\_\_\_\_ Passport / ID number \_\_\_\_\_  
*Full name of coach* *Coach's Passport / ID Number*

I confirm with my signature that I fully agree with all of the provisions set out in the **WAKO Liability Waiver** and with all is reported in **WAKO Medical Questionnaire** signed by my son / daughter and **WAKO Non-pregnancy declaration** signed by my daughter.

I also confirm with my signature that I fully agree that in case of an accident and the need of medical assistance to my son / daughter, all necessary exams (including x-rays and CT scan) and all necessary medical treatments (including blood transfusions and surgical procedures) should be performed.

I also declare that, pursuant to Regulation (EU) 679/2016 (GDPR), I am aware that the data collected through this document will be processed for the purposes described in WAKO Privacy Notice and that I have taken vision of the latter pursuant to art.13 GDPR.

I declare to have read and understood the content of this document.

**Place and Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
*Parent's or Legal Guardian's signature*

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