



Parental Certification

I, the undersigned, Parent/Guardian:

Mothers Name: _____ Fathers Name: _____

Address: _____ ID Number: _____

Country: _____ Phone Number: _____ Email: _____

Authorize my child

Name: _____ Surname: _____

Date of Birth: _____ Country of residence: _____

To participate and compete in the Championship (Event/Competition) organized under the banner of W.M.F. in accordance with the sporting regulations of the Federation.

I, declare to have knowledge of the rules of the competition where my child will be present, and I, the legal guardians allow his participation and his presence in the ring during the said event.

I authorize and allow in case of an incident or accident any and all medical care deemed necessary to be performed by the medical staff present to the venue during the Championship.

Attached to this certification and authorization document, I have provided a medical certificate signed an approved by a medical doctor who confirms the health capacity and the ability of my child, for which I'm the legal guardian to participate and compete in the Championship (Event/Competition) organized under the banner of W.M.F. in Bangkok – Thailand 2017.

Declaration

I, _____ (the Competitor), do hereby declare that I have read and fully understood the terms and conditions of this Declaration, Waiver and Release Form *and that I have had the opportunity to discuss the same with my parent / guardian** and that I agree to be bound by the said terms and conditions of the above agreement with the W.M.F.

Date: _____

Signed by: _____

Full Name of Parent/Guardian: _____

Signature: _____