



MEDICAL RULES



Table of Contents

Preamble	3
Article 1. Medical service at competition	3
Article 2. Duties of the organizer	3
a) During the medical examination.....	3
b) During the competition.....	3
Local Medical Staff	3
Medical desk	3
Route of evacuation	4
Medical room.....	4
Emergency service.....	4
Medical equipment	4
Article 3. Duties of WAKO Medical Supervisor	4
Article 4. Duties of the Chief Medical Officer and of the Local Medical Staff	5
Medical Examination for kickboxers.....	5
Medical Examination for referees/judges	5
Minimum exams for kickboxers	6
Ring disciplines.....	6
Tatami disciplines	6
Forms	6
Minimum exams for referees/judges	6
Medical Examination at competition.....	7
Article 5. WAKO accreditation of team doctors	8
Article 6. Equipment criteria	8
MINIMUM NECESSARY MEDICAL EQUIPMENT	8
Article 7. Minimal suspension periods after KO or Head Injury	9
Article 8. Suspension Periods after other kinds of injury	9
Article 9. Dental braces	10
Article 10. Provisional rule	10
Appendices	11
Appendix 1. Liability waiver	11
Appendix 2. Medical certificate	12
Appendix 3. Medical certificate for referees / judges	14
Appendix 4. Parental / Legal Guardian Consent	16
Appendix 5. Questionnaire - Sports medical examination	17
Appendix 6. Dental brace Certification	18
Appendix 7. Non-pregnancy declaration	19
Appendix 8. Medical Emergency Report	20
Appendix 9. Head Injury Card	21
Appendix 10. Medical events registration sheet	23



Preamble

The medical care and optimum health management of participants play a crucial role in the success of a competition or tournament. One of the most important successful metrics of a competition is characterized by a low number of injuries or illnesses.

The WAKO medical rules and standards must be strictly followed at WAKO World and Continental championships. They are also intended as guidelines for other national or international WAKO events where national regulations are in charge.

Article 1. Medical service at competition

At each World and Continental WAKO event the medical service will be coordinated by the WAKO Medical Supervisor, Organised by the local Chief Medical Officer (CMO) and the Local Qualified Medical Staff.

Article 2. Duties of the organizer

From a medical point of view, the **duties of the organizer** in WAKO events are:

a) During the medical examination

- To assure the optimal number of local medical doctors (depending on the number of participants). The doctors must be familiar with combat sports.
- To assure an adequately large room (or rooms, if necessary) for medical examination, with proper lighting and heating/cooling. Different rooms are needed for examining male and female kickboxers.
- Availability of drinkable water for kickboxers and officials.

b) During the competition

Local Medical Staff

- To assure the optimal number of local medical doctors, nurses, paramedics (if the paramedic system is official in the organizing country) and ambulances.
- In particular:
 - the minimum number of required doctors is 1 doctor for 2 rings or 4 tatamis;
 - the minimum number of Qualified First Aiders (Red Cross/Order of Malts, etc.), nurses or paramedics (if the paramedic system is official in the organizing country) is 1 person for each ring or 2 persons for 4 tatamis. For paramedic is intended a healthcare professional who works as part of the emergency medical services, most often in ambulances, and specifically nurses and emergency medical technicians (or emergency care assistants). Ambulance drivers are not intended as paramedics;
 - the minimum number of ambulances (with full equipment and staff) are 2, but a higher number (3 or more) should be preferred. The minimum number of ambulances for Cadet/Junior championships is 3. One Ambulance must be available at the arena at all times.

Medical desk

- A medical desk must be visible and marked with a red cross.
- Distinguished clothes are mandatory for the medical personnel, possibly with specification “Doctor”, “Nurse”, “Paramedic”, “Driver”, etc.



Route of evacuation

- It must be kept free to guarantee the shortest time to reach the ambulance and/or the medical room or to let the ambulance reach the fighting area.

Medical room

- An equipped medical room must be available to allow examination and early treatment of injured kickboxers.

Emergency service

- An emergency service must be provided for out-of-competition time (24 hours emergency service covering the area of kickboxers' hotels).
- Availability of drinkable water for kickboxers and officials.

Medical equipment

- minimum medical equipment must be provided at the venue of WAKO event. The minimum necessary equipment is listed in Article 6. In particular, disinfectant solution, gloves and gauzes for the removal of blood must be present. Cleaning of blood is strictly forbidden by bare hands or using a piece of paper.
- Gloves and gauzes for referees.

If the local doctors do not speak English, the organizer must provide a translator for Each Doctor, present.

Article 3. Duties of WAKO Medical Supervisor

The WAKO Medical Supervisor must be chosen among the members of the WAKO Medical, Health & Anti-Doping Committee, after consulting the chairman of the Committee itself. He will be supported for assistance purposes by the Chief Medical Officer (CMO) and the Local Medical Staff.

The Medical Supervisor is:

- the coordinator of the medical check-up before the competition;
- the Medical Supervisor of the competition.

The Medical Supervisor should:

- arrive 1-2 days before the start of the competition;
- meet the CMO and inspect together the conditions of the arena (from a medical point of view);
- discuss with the CMO on the referral hospital and on the actual medical tasks. In particular, he has to discuss about the route of evacuation to follow for injured kickboxers in order to reach in the shortest time the ambulance or the medical room and details of the doping control;
- compile a detailed post event medical report for the WAKO President. At this purpose, he/she has to fill the “Medical events registration sheet” (provided in the Appendix);
- compile a list of suspended kickboxers after the competition, to be communicated to the National Federations of each single kickboxer. In this list, the expiration date of the suspension must be indicated.

Each day of the competition, 30 minutes before the official start, the WAKO Medical Supervisor and the CMO have to check together whether the 2 ambulances are in place. If no ambulance is in the venue or the Local Medical Staff are not in place, the competition cannot start or must be stopped.

If the medical service in the sport-hall during a WAKO event does not comply with the WAKO Medical Rules, the WAKO Medical Supervisor has the power in coordination with the Chairman of



the Organising Committee to temporarily stop activities. The WAKO Medical Supervisor has also the power to postpone the start of fights if weigh-in is too close to the scheduled start of fights or if the weigh-in is delayed or in other way fighters are not properly informed.

Article 4. Duties of the Chief Medical Officer and of the Local Medical Staff

The local Chief Medical Officer (CMO) must have graduation in emergency medicine, trauma surgery, intensive care or sports medicine and must be familiar with combat sports, especially kickboxing. The CMO coordinates the Local Medical Staff.

At least one of the local doctors must be familiar with the Local Emergency System, with Advanced Cardiac Life Support (ACLS) and with the use of Automated External Defibrillator (AED).

Local doctors are obliged to note and report any kind of injury, disease or abnormality to the WAKO Medical Supervisor, using the “Medical Events Registration Sheet” form included in the Appendix.

The local CMO is responsible for

- the enforcement of Local laws and regulations on medical matters, included but not limited to the WAKO Medical Rules;
- having alerted a local hospital with emergency department, trauma unit, neurosurgery department and CT scan availability. A written agreement with the hospital has to be provided;
- availability of anti-doping room(s) (adequate size, lighting and heating/cooling, desk, chairs, WCs, showers, fridge, closed bottles of water).

Medical Examination for kickboxers

- A medical physical examination is mandatory for each International kickboxer in order to obtain his/her personal certificate for competing in the sport of kickboxing at any WAKO event.
- Each kickboxer must have a valid annual in date (within 12 months) medical certificate completed and registered with either, the event promoter OR, the WAKO Membership system as applicable. The official “WAKO Medical Certification” form must be used for this purpose (see Appendix) and it must be written in English, with no additions or changes applied to the official document. It must be signed and stamped by a qualified medical doctor in their country of residence.
- Each kickboxer must present his/her personal certificate to the visiting doctor after the weigh-in or logged on upload to the official system of record for WAKO.
- The examining event doctor will review the validity and will decide on the appropriateness of each certificate.
- The examining doctor will collect or provided on to the official system of record and review on the official system of record and look after the validity of the “Non-pregnancy Declaration” (form provided in the Appendix) for female athletes aged 14 or older.
- In cases of athletes wearing dental braces, the “WAKO Dental Brace Certification” form (provided in the Appendix) as well as the personal fitted mouth-guard must be showed to the examining doctor or provided on to the official system of record (read article 9).

Medical Examination for referees/judges

- A medical physical examination is mandatory for each International Referee in order to obtain his/her personal certificate for judging in the sport of kickboxing at any WAKO event.
- Each Referee must have a valid annual in date (within 12 months) medical certificate completed and registered with either, the event promoter OR, the WAKO Membership system



as applicable. The official “WAKO Medical Certification for referees/judges” form must be used for this purpose (see Appendix) and it must be written in English, with no additions or changes applied to the official document. It must be signed and stamped by a qualified medical doctor in their country of residence.

- Each referee/judge must give their personal certificate to the visiting doctor after the registration or logged on to the official system of record for WAKO.
- The examining doctor will look after the validity and will decide on the appropriateness of each certificate.
- The use of spectacles is not allowed for the central referee (soft contact lenses are allowed) while officiating into the ring or tatami.

Minimum exams for kickboxers

The minimum exams for the release of the medical certificate are:

- Medical history
- Complete physical exam, included, but not limited to, cardiovascular system (heart auscultation, blood pressure, pulses)
- Rest electrocardiogram
- Stress electrocardiogram for kickboxers aged 41 or more

These exams must be considered as the minimum requirements for releasing a Medical Certificate for WAKO disciplines. However, WAKO IF Medical, Health and Anti-doping Committee warmly suggest that the aforementioned evaluation can be integrated with the following tests:

Ring disciplines

- Stress electrocardiogram
- Eye exam included a dilated ophthalmological examination of fundus oculi, administered by a licensed ophthalmologist
- Neurological exam administered by a licensed neurologist or neurosurgeon
- Blood Work (for kickboxers aged 18 and older): HIV, Hepatitis B Surface Antigen, Hepatitis C Antibodies.

Tatami disciplines

- Stress electrocardiogram. In veteran competitors it is mandatory to reach a heart rate higher than 90% of their theoretical maximum (220 minus age in years)

Forms

- No more test is suggested

The complete list of tests for kickboxers will be gradually implemented in a multi-stage approach, as indicated:

- Stage 1 (till 2023): minimum exams (history, physical check, and ECG)
- Stage 2 (from 2024 to 2025): plus, stress test (ring and tatami disciplines)
- Stage 3 (from 2025 to 2027): plus, neurological and ophthalmological exam (ring disciplines)
- Stage 4 (from 2028 on): plus, Blood work (ring disciplines)

Minimum exams for referees/judges

- general physical examination with rest electrocardiogram;



- visual acuity test (through Snellen charts) with a threshold of 6/10 in each eye and 8/10 with both eyes (without correction). The use of contact lenses to correct is allowed while refereeing/judging (spectacles are not allowed);
- normal visual field to be tested through a confrontation visual field test;
- normal hearing to be tested through a whispered voice test.

Each National Federation can further implement the lists of above case by case, following National laws and National Federations' Medical Rules.

The medical certificate (both for kickboxers and referees/judges) is not valid for more than one year. If the kickboxer has sustained a concussion, a serious injury or illness since the last medical certificate was issued, a new certificate is necessary.

- Each kickboxer has to fill the "WAKO Health Questionnaire", about his/her medical history, and the "WAKO Liability Waiver" form.
- Any female kickboxer aged 14 or older must provide a "Non-pregnancy Declaration" to the visiting doctor after the weigh-in using the form in the Appendix section.
- Without these forms ("WAKO Medical Certification", "WAKO Health Questionnaire", "WAKO Liability Waiver" and, for female kickboxer, "Non-pregnancy Declaration") adequately filled, the kickboxer is not allowed to compete.

Certificates and Medical forms can be submitted online in advance, in case WAKO has adopted a dedicated web-based computer system of record.

Medical Examination at competition

- The local Doctor must carry out a general physical examination of each kickboxer competing in ring disciplines. This exam is aimed to rule out any injury or medical condition that can be considered a health risk for the kickboxer or his/her opponent. Special attention should be given to the neurological system, musculoskeletal system, eye, nose, infective illnesses (included skin infections).
- Any kickboxer competing in ring sports must be checked again by a local Doctor before competing in a new fight.
- Any referee/judge will be medically checked before the championships, in the day of their registration.

In case the referee asks for the Doctor's advice on an injury on ring or tatami, Doctor's decision is final.

In case of injury on ring or tatami, the first on the scene is the Qualified First Aider, nurse or paramedic (if the paramedic system is official in the organizing country), even if the doctor can enter to assist the Qualified First Aider, nurse or paramedic in any moment. Any decision regarding the possibility to stop the kickboxer from the competition must be taken by the local Doctor, who can ask for the WAKO Medical Supervisor's advice. In this case, the WAKO Medical Supervisor's decision is final.

In case an injured kickboxer cannot continue the fight, the kickboxer must be taken to the Medical Room. From this moment, the team Doctor has the right to treat his/her own team member, with the condition that team Doctor is a WAKO accredited Doctor.

In any case a kickboxer has to be removed from competition due to an injury, kickboxer's name will be communicated to the WAKO Organizing Committee to remove him/her from further competitions in the same event.



Article 5. WAKO accreditation of team doctors

Each National Federation is eligible to accredit maximum 3 Doctors. A WAKO Accreditation Form should be filled out and submitted latest by June 30 to the Chairman of the Medical, Health & Anti-Doping Committee. Each accredited Doctor will receive an official WAKO Accreditation Card, which enables him/her to enter the fighting area.

Article 6. Equipment criteria

To maximize the security for kickboxers, the following medical equipment must be available at the venue of WAKO events.

MINIMUM NECESSARY MEDICAL EQUIPMENT

- disposable gloves
- paper towels
- gauzes for compression of bleeding wounds
- vaseline
- saline and antiseptic solutions for cleaning wounds
- floor cleansing solutions and disposable wipes
- aethyl chloride (or alternative) spray for cooling effect
- supply of ice cubes (ice-machines are the best)
- storage boxes/bags for ice cubes
- plastic bags
- non adhesive dressing for wounds
- adhesive tape
- bandages
- sterile strips
- eye wash sterile solutions
- scissors
- forceps
- disposable tongue depressors
- pen torch
- nasal tampons
- tweezers
- glucose tablets
- spatula for throat exam
- otoscope
- ophthalmoscope
- stethoscope
- sphygmomanometer
- mirror to replace contact lenses
- retention splints for fractures
- stiff neck collars of different sizes
- nasopharyngeal tubes or laryngeal mask
- ventilatory mask
- i.v. catheters
- i.v. perfusion fluids
- analgesic medications
- sterile suture packs
- AED (automatic external defibrillator)



- pulsoxymeter
- glucometer

Article 7. Minimal suspension periods after KO or Head Injury

The kickboxer who has been knocked out due to head-blow(s) during the fight, or if the referee has stopped the fight because of severe head trauma (RSCH/TKO) which prevents kickboxer continuing, will be examined by a local Doctor immediately afterwards, and accompanied to hospital by the ambulance on duty. In this case, the local Doctor will fill the “WAKO Head injury card” (see Appendix) to be given to the kickboxer and signed for acceptance by the kickboxer (if conscious) and his/her coach. The competitor must follow the indications written in this card. In the case the kickboxer has not received (or refused) a brain CT scan in the hospital, he/she has to have a brain MRI before receiving a new medical certificate.

- If the kickboxer has been knocked out due to head-blow(s) or received a severe head trauma that results in a fight being terminated, the local Doctor will classify the seriousness of the concussion and prescribe the medical restriction period as follows:
 - in the case of no Loss of Consciousness (LOC), a minimum restriction of 30 days;
 - in the case of LOC for less than one (1) minute, a minimum restriction of 90 days;
 - in the case of LOC more than one (1) minute, a minimum restriction of 180 days.For LOC should be intended the “interruption of awareness of oneself and environment surrounding”.
- Any kickboxer who suffers two (2) KOs due to head-blow(s) or 2 stoppages due to severe head traumas within 3 months, will be suspended for a minimum of 90 days from the date of the second stoppage.
- Any kickboxer who suffers three (3) KOs due to head-blow(s) or 3 stoppages due to severe head traumas within 12 months, will be suspended for a minimum of twelve (12) months from the date of the third stoppage.
- All protective measures must also apply if a KO and/or concussion occurs during training or anywhere else (both in sporting or non-sporting set). The Coach will be responsible to report this event to the National Federation.
- The President of each National Federation will be responsible for reporting the number of KOs due to head-blow(s), stoppages due to severe head traumas or any other concussion occurred in the last 12 months to his/her affiliated kickboxer.
- In addition to the above-mentioned medical restriction periods, the local Doctor can extend the length of the suspension if feels appropriate, also on the basis of the hospital evaluation.
- Any kickboxer who has a medical restriction must not train or spar during the restricted period, in any kickboxing discipline (ring, tatami and musical forms) or other sports.
- The suspension period is intended as "minimum period" and cannot be overruled even though a head scan or other tests show no visible injuries.
- After a medical restriction period, the kickboxer must provide a medical clearance (new medical certificate) through National Federation attesting that kickboxer is fit again to compete in kickboxing. The medical clearance must be written in English and must report the date when the brain CT or MRI scan has been done and that this exam resulted negative. Copy of this clearance must be provided to the Medical, Health & Anti-Doping Committee to allow the kickboxer to take part to future WAKO events.

Article 8. Suspension Periods after other kinds of injury

The kickboxer who has been injured during the fight for any reason (for KO due to a head-blow or other head injury see Article 7) and this injury does not allow to continue the fight, will be examined by a local Doctor immediately afterwards. If the Doctor believes that the injury must be evaluated in the hospital,



the Doctor will fill the “WAKO Medical Emergency Report” form (see Appendix) and the kickboxer will be accompanied to the hospital by the ambulance on duty. The “WAKO Medical Emergency Report” form must be signed for acceptance by the kickboxer (if conscious) and his/her coach.

Also, on the basis of the hospital evaluation, the local doctor, after consulting the WAKO Medical Supervisor will decide the length of medical restriction period (if any) and the need of a medical clearance before being admitted to future WAKO events.

In case of a medical restriction, the kickboxer must follow what reported in Article 7.

Article 9. Dental braces

The kickboxer competing in tatami or ring disciplines who wears a dental brace must have the written consent of his/her orthodontic surgeon who has personally fitted the competitor with a personal protective mouth-guard. The “WAKO Dental Brace Certification” form must be used for this purpose (see Appendix) and it must be written in English and can be uploaded to the official system of record for WAKO. This form as well as the personal fitted mouth-guard must be showed at the medical examination following weigh-in.


Article 10. Provisional rule

All the previous rules will be in force for 24 months to allow collecting data and statistics. After this period, the medical rules will go through a revision process in order to keep the rate of injuries as low as possible.



Appendices

Appendix 1. Liability waiver



**WORLD ASSOCIATION
OF KICKBOXING ORGANIZATIONS**

WAKO LIABILITY WAIVER

Event: _____

Please read the below information carefully, complete the requested information, date and sign under your name.

This form must be completed and returned to a Weight Control official when registering.

Name: _____ SportsID: _____

DOB: _____ Country : _____ E mail Address: _____

Weight Class: _____ kg Style: _____

LIABILITY WAIVER:

I, the undersigned hereby confirm and agree to the following:

- I have adequate Medical insurance to cover my participation during this event;
- I, the undersigned, do hereby declared that I am currently and prior to leaving my country was in good physical condition and I had not suffered from any injury, infection or disability label to affect my capacity to compete in the current WAKO event;
- I release the event promoter, WAKO, WAKO's officers, the WAKO organising committee, the WAKO (IF) Board, WAKO members and WAKO Continental Board its servants/agents, volunteer committee and referees from any claims and any loss, damage sustained while participating in the above mention event;
- **I understand and I am fully aware that I am participating in a contact sport and may in the normal course of events sustain an injury while competing;**
- Therefore, I assume full responsibility for all of my actions during and connected with this event I also agree that my attendance and or performance may be photographed, filmed or taped and used by WAKO, event promoter and/or their respective authorized agents. I waive any compensation thereof.









I hereby undertake and agree to abide all WAKO Rules and Regulations including WADA / WAKO Anti Doping rules and agrees to be tested if requested to do so. I will treat my fellow competitors, officials and referees with, Respect, Integrity, Fair Play and Honour.

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: _____

WAKO HQ: Via Alessandro Manzoni, 18 - 20900 Monza (MB) Italy
E-mail: barbaraf@wakoweb.com - Tel. +39 3450135521 - Fax +39 039 2328901 - Web: <http://www.wakoweb.com>





Appendix 2. Medical certificate for kickboxer



WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

MEDICAL CERTIFICATE for kickboxer	For:
	<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

Country code	WAKO National Federation	<input type="checkbox"/> Passport No. / <input type="checkbox"/> Identity card No.

Sports ID Number	Family name	Given name	Middle name	Nationality / Citizenship

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 national laws and WAKO Medical Rules - SEE PAGE TWO, 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.

This certificate is valid until:	_____
	Date (dd/mm/yyyy)

DECLARATION: "I, the undersigned, declare on my honor that I am eligible and fulfil the Conditions stipulated by the Rules of WAKO. 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."

Date (dd/mm/yy) Signature and stamp of qualified Medical Doctor of the same country of residence of the kickboxer

WAKO HQ: Via Alessandro Manzoni,18 - 20900 Monza (MB) Italy
 E-mail: barbaraf@wakoweb.com - Tel. +39 3450135521 - Fax +39 039 2328901 - Web: <http://www.wakoweb.com>
 Page 1/2





WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

MINIMUM EXAMS AND INSTRUMENTAL ASCERTAINMENTS FOR THE RELEASE OF MEDICAL CERTIFICATE FOR WAKO DISCIPLINES

Ring disciplines:

Mandatory:

- Medical history
- Complete physical exam, included, but not limited to, cardiovascular system (heart auscultation, blood pressure, pulses)
- Rest electrocardiogram
- Stress electrocardiogram for kickboxers aged 41 or more

Optional (recommended):

- Stress electrocardiogram (mandatory from 2024)
- Eye exam included a dilated ophthalmological examination of fundus oculi, administered by a licensed ophthalmologist (mandatory from 2025)
- Neurological exam administered by a licensed neurologist or neurosurgeon (mandatory from 2025)
- Blood Work (for kickboxers aged 18 and older): HIV, Hepatitis B Surface Antigen, Hepatitis C Antibodies (mandatory from 2028)

Tatami disciplines:

Mandatory:

- Medical history
- Complete physical exam, included, but not limited to, cardiovascular system (heart auscultation, blood pressure, pulses)
- Rest electrocardiogram
- Stress electrocardiogram for kickboxers aged 41 or more

Optional (recommended):

- Stress electrocardiogram (mandatory from 2024 - independently from age). In Master class (veteran) competitors it is mandatory to reach a heart rate higher than 90% of their theoretical maximum (220 minus age in years)

Forms:

Mandatory:

- Medical history
- Complete physical exam, included, but not limited to, cardiovascular system (heart auscultation, blood pressure, pulses)
- Rest electrocardiogram

Optional (recommended):

- No more tests are suggested

These are the minimum requirements for the release of a Medical Certificate for WAKO disciplines. It can be implemented case by case, following National laws and National Federations' Medical Rules.

The maximum length validity for a **Medical Certificate**, independently from the WAKO discipline is **one year**.


WAKO HQ: Via Alessandro Manzoni, 18 - 20900 Monza (MB) Italy
E-mail: barbaraf@wakoweb.com - Tel. +39 3450135521 - Fax +39 039 2328901 - Web: <http://www.wakoweb.com>

Page 2/2





Appendix 3. Medical certificate for referees / judges



WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

MEDICAL CERTIFICATE		For:	
for referee / judge		<input type="checkbox"/> - annual registration <input type="checkbox"/> - championship - competition	

Country Code	WAKO National Federation	<input type="checkbox"/> Passport No. / <input type="checkbox"/> Identity card No.

Sports ID Number	Family name	Given name	Middle name	Nationality / Citizenship

Gender	Kickboxing discipline	Duty
M / F	Ring / Tatami / Forms	(cross one or both possibilities)
		Referee / Judge

I hereby confirm that the referee / judge indicated above has passed a pre-participation screening following his/her national laws and WAKO Medical Rules (SEE PAGE TWO), and he/she is

Medically FIT

to participate at all levels of kickboxing competition during the period of validity of this certificate.

Under current WAKO Medical Rules, I confirm, moreover, that the referee / judge is not medically suspended from participating to this WAKO event and he/she has no health problems that would prevent him/her from performing his/her duties properly.

This certificate is valid until:	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <p style="text-align: center; font-size: small;">Date (dd/mm/yyyy)</p>
---	---









DECLARATION: "I, the undersigned, declare on my honor that I am eligible and fulfil the Conditions stipulated by the Rules of WAKO. 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."

Date (dd/mm/yy)

Signature and stamp of qualified Medical Doctor of the same country of residence of the referee/judge

WAKO HQ: Via Alessandro Manzoni,18 - 20900 Monza (MB) Italy
 E-mail: barbaraf@wakoweb.com - Tel. +39 3450135521 - Fax +39 039 2328901 - Web: <http://www.wakoweb.com>

Page 1/2



WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

MINIMUM EXAMS AND INSTRUMENTAL ASCERTAINMENTS FOR THE RELEASE OF MEDICAL CERTIFICATE FOR WAKO REFEREE / JUDGE

This certificate must be issued by the National Federation's Doctor or a qualified Medical Doctor of the same country of residence of the referee/judge.

The **minimum checks** that are proper for releasing the medical certificate to perform the duties of referee/judge are:

Mandatory:

- **general physical examination with rest ECG.**
- **visual acuity test** (through Snellen charts) with a threshold of 6/10 in each eye and 8/10 with both eyes (without correction). The use of spectacles is not allowed for the central referee (soft contact lenses are allowed) while officiating into the ring or tatami.
- **normal visual field** to be tested through a confrontation visual field test.
- **normal hearing** to be tested through a whispered voice test.

These are the minimum requirements for the release of a Medical Certificate for WAKO duty of referee/judge. It can be implemented case by case, following National laws and National Federations' Medical Rules.

The maximum length validity for a **Medical Certificate**, independently from the duty is **one year**.

WAKO HQ: Via Alessandro Manzoni, 18 - 20900 Monza (MB) Italy
E-mail: barbaraf@wakoweb.com - Tel. +39 3450135521 - Fax +39 039 2328901 - Web: <http://www.wakoweb.com>

Page 2/2





Appendix 4. Parental / Legal Guardian Consent



**WORLD ASSOCIATION
OF KICKBOXING ORGANIZATIONS**

PARENTAL / LEGAL GUARDIAN CONSENT

I _____ mother / father / legal guardian of
Full name of underage competitor's mother, father or legal guardian
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* and *WAKO Non-pregnancy declaration* signed by my son / 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

WAKO HQ: Via Alessandro Manzoni,18 - 20900 Monza (MB) Italy
E-mail: barbaraf@wakoweb.com - Tel. +39 3450135521 - Fax +39 039 2328901 - Web: <http://www.wakoweb.com>





Appendix 5. Questionnaire - Sports medical examination



WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

WAKO QUESTIONNAIRE SPORTS MEDICAL EXAMINATION

Event: _____

Please read the below information carefully, complete the requested information, date and sign under you name.

This form must be completed and returned to a Medical Control official when registering.

Name: _____ Sports ID: _____

DOB: _____ Country: _____ E mail address: _____

Weight Class: _____ kg Style: _____

	Yes	No
Did you have any illnesses earlier?		
Were you born with any of your body parts missing?		
Have you ever been treated in hospital?		
Do you take any medicine on a regular basis?		
Do you take any food complementary substances?		
Have you ever fainted during or after training?		
Have you ever had any chest pain?		
Have you ever had high blood pressure?		
Have you ever had any skin diseases?		
Do you have any dermatological complaints at the moment?		
Do you suffer from asthma?		
Do you have any problems related to your bones, joints, tendons, or muscles?		
Have you ever had a skull injury accompanied with a loss of consciousness?		
Did you have headache in the past 10 days?		
Do you have teeth braces? If yes please attach the medical certificate!		
Are you often on a diet		

Please give further details on answers with "Yes": _____

I officially declare that I am fully responsible legally for my answers given above. 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.

Date _____ Signature: _____

WAKO HQ: Via Alessandro Manzoni,18 - 20900 Monza (MB) Italy
E-mail: barbaraf@wakoweb.com - Tel. +39 3450135521 - Fax +39 039 2328901 - Web: <http://www.wakoweb.com>





Appendix 6. Dental brace Certification



**WORLD ASSOCIATION
OF KICKBOXING ORGANIZATIONS**

Dental Brace Certification

Name & Surname of kickboxer _____

Name & Surname of the Orthodontic Surgeon _____

I confirm that I have fitted a dental brace to the above-mentioned kickboxer on (dd/mm/yyyy) _____ and I expect him/her to need to keep it in place until (dd/mm/yyyy) _____.

I also confirm that I have personally fitted the above-mentioned kickboxer with a personal protective mouth-guard that I am confident will provide him/her with normal protection to the mouth, gums and teeth and the dental brace itself, should he/she wish to participate in kickboxing competitions.

I consider that he/she will be at no more risk than any other person taking part in kickboxing competitions in accordance with the WAKO rules.

DECLARATION: "I 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."

_____ Date

_____ Orthodontic Surgeon's signature and stamp

WAKO HQ: Via Alessandro Manzoni, 18 - 20900 Monza (MB) Italy
E-mail: barbaraf@wakoweb.com - Tel. +39 3450135521 - Fax +39 039 2328901 - Web: <http://www.wakoweb.com>





Appendix 7. Non-pregnancy declaration



**WORLD ASSOCIATION
OF KICKBOXING ORGANIZATIONS**

NON-PREGNANCY DECLARATION for FEMALE KICKBOXERS

Event: _____

Please read the below information carefully, complete the requested information, date and sign under your name.

This form must be completed and returned to a Medical Control official when registering.

Name: _____ SportsID: _____

DOB: _____ Country: _____ E mail address: _____

Weight Class: _____ kg Style: _____

I declare that I am not pregnant.

I understand the seriousness of this statement and accept full responsibility for it. In the case that this declaration is subsequently shown to be inaccurate or untrue and I suffer any related injury or damage during the competition, I on behalf of myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against WAKO (including its officials and employees), the organizers of the competition (including the Organizing Committee and/or the Host Federation) and the Competition Venue owners for such injury or damage.

I officially declare that I am fully responsible legally for the statement given above. 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.

_____ Date (dd/mm/yy)

_____ Kickboxer's Signature

WAKO HQ: Via Alessandro Manzoni, 18 - 20900 Monza (MB) Italy
E-mail: barbaraf@wakoweb.com - Tel. +39 3450135521 - Fax +39 039 2328901 - Web: <http://www.wakoweb.com>





Appendix 8. Medical Emergency Report



**WORLD ASSOCIATION
OF KICKBOXING ORGANIZATIONS**

Medical Emergency Report

Event:	Date:	Time:
---------------	--------------	--------------

Name & Surname	Date of Birth:	ID-Nr./Nation
---------------------------	-----------------------	----------------------

Address:	Tel.	Insurance-Nr.
-----------------	-------------	----------------------

Diagnosis / Injury and Physical Examination

History

Treatment

Sent to hospital / Contact with

For acceptance:

Kickboxer's signature:

Coach's signature


Doctor's signature and stamp

WAKO HQ: Via Alessandro Manzoni, 18 - 20900 Monza (MB) Italy
 E-mail: barbaraf@wakoweb.com - Tel. +39 3450135521 - Fax +39 039 2328901 - Web: <http://www.wakoweb.com>





Appendix 9. Head Injury Card



**WORLD ASSOCIATION
OF KICKBOXING ORGANIZATIONS**

WAKO Head Injury Card

Name and Surname of competitor _____

WAKO event _____ **Date of injury** _____

Grade of concussion: grade I (Mild) grade II (Moderate) grade III (Severe)

- In case of loss of consciousness, it lasted _____ min.
- If available, GCS score:
 - Within 5 min: ___/15 - At 10 min: ___/15 - At 20 min: ___/15
- Other injuries: _____

Requested Investigations:

Head CT Scan or MRI <input type="checkbox"/>	Neurological examination <input type="checkbox"/>
Electroencephalogram <input type="checkbox"/>	Psychological examination <input type="checkbox"/>
Other tests: _____ _____ _____	

The above-mentioned examinations must be sent to the WAKO Medical Committee before returning to competition for a complete clearance.

Treatment: _____









Suspension period (minimum 30 days after a KO for head blows without any Loss of Consciousness): _____
(days)

A suspension period means that the athlete cannot take part in kickboxing competitions, no matter what the discipline is. The suspension period is "minimum period" and cannot be overruled even though a head scan shows no visible injuries. The suspension period contains no or light training (independently from the kind of sport), and recommendation of training quantity must be discussed between the athlete and his personal doctor.

For acceptance: _____

Athlete's signature
Coach's signature
Doctor's signature and stamp

WAKO HQ: Via Alessandro Manzoni, 18 - 20900 Monza (MB) Italy
 E-mail: administration@wako.sport - Tel. +39 3450135521 - Fax +39 039 2328901 - Web: <http://www.wako.sport>



WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

WAKO Head Injury Card

Name and Surname of competitor _____

WAKO event _____ Date of injury _____

Grade of concussion: grade I (Mild) grade II (Moderate) grade III (Severe)

- In case of loss of consciousness, it lasted _____ min.
- If available, GCS score:
 - Within 5 min: ___/15 - At 10 min: ___/15 - At 20 min: ___/15
- Other injuries: _____

Requested

Investigations: Head CT Scan or MRI Neurological examination
 Electroencephalogram Psychological examination
 Other tests: _____

The above-mentioned examinations must be sent to the WAKO Medical Committee before returning to competition for a complete clearance.

Treatment: _____

Suspension period (minimum 30 days after a KO for head blows without and Los of Consciousness): _____ (days)

A suspension period means that the athlete cannot take part in kickboxing competitions, no matter what the discipline is. The suspension period is "minimum period" and cannot be overruled even though a head scan shows no visible injuries. The suspension period contains no or light training (independently from the kind of sport), and recommendation of training quantity must be discussed between the athlete and his personal doctor.

For acceptance: _____
 Athlete's signature Coach's signature Doctor's signature and stamp

WAKO HQ: Via Alessandro Manzoni,18 - 20900 Monza (MB) Italy
 E-mail: administration@wako.sport - Tel. +39 3450135521 - Fax +39 039 2328901 - Web: http://www.wako.sport



