



EUROPEAN SHINKYOKUSHIN CHAMPIONSHIPS SENIORS & JUNIORS 11-12 MAY 2018 WROCLAW POLAND

DECLARATION - EC 2018

Surname

Given name

Date of Birth

Country representing

I, the undersigned, do hereby agree that I obey the rules of this tournament and fight fairly. I, hereby also declare that I will not hold the organizer and its officials responsible for all possible mishaps or injuries that might occur to me while participating in this tournament. I, herewith confirm that I am going to fight on my risk.

Signature of applicant

Date (day/month/year)

SIGNATURE OF PARENTS (GUARDIANS) FOR CADETS:

Father (guardian):

name, surname

signatures

date

place

Mother (guardian):

name, surname

signatures

date

place

Branch Chief / Coach:

Full name

signatures

date

For official use only:

Application is approved / not approved

signatures

Please hand in this Declaration in original to the Organizing committee staff on team registration (weight control) in Wrocław, May 11-12, 2018