

## IKO NORDIC CUP COMPETITION, PARTICIPATION FOR TOURNAMENT

## IKO NORDIC CUP, September 21, 2024

| PERSONAL STATEMENT BY THE P  | 'ARTICIPAN      | 1:  |
|--|-----------------|---|
| Iwith  | n an Identity ( | Card Number   |
| adult, born in (place of bi  | irth)           | the (date of birth)   |
| in full control of my physic   | cal an mental   | faculties, declare to:  |
| DECLARATION:   |                 |   |
| in Kyokushin karate competition in fu  | ıll contact kar | p Tournament in <b>September 21, 2024</b><br>ate rules in Kupittaa Sports Hall, Turku,<br>phibited substance and/or method withir |
| I accept the consequences of my action stated.   | ons, whether    | I have used such methods previously   |
| I am fully aware of the nature of the co-<br>insurance for any injury that may happ<br>event is not responsible and have no<br>during the competition. | pen during th   | e event, and that the organizer of this   |
| To put on record for the timely effects (Place)  |                 | n the present document in:  |
| (Date)   |                 |   |
| Sign:  |                 |   |



## PARENTAL AUTHORIZATION, CONSENT OF PARTICIPATION FOR JUNIORS

## IKO NORDIC CUP, September 21, 2024

| <u> </u>   |
|--|
| with Identity Card Number  |
| adult, with a fixed residence in as father, mother or a legal guardian of                              |
| will hereby give authorization to participate in IKO Nordic Cup  |
| Karate Tournament 2024 of Kyokushin Karate (full contact karate fight in protective gear).             |
| The event is located in Kupittaa sports hall, Turku, Finland, on the <b>September 21, 2024.</b>        |
| I am also aware of the contents of such competition form of full contact karate in the junio           |
| category.  |
| I also declare that my child will have a valid ID card for identification for competition, full        |
| set of personal protective gear required by the IKO Tournament rules. I also have a valid              |
| (no more than 6 months older) medical certification to take part in the tournament issued              |
| by a doctor, that allows my child to participate in the Tournament.                                    |
| I hereby have understood the content of the timely effect of the tournament, and sign the document in: |
| (Place)  |
| (Date)   |
|  |
| Cign:  |