IKC WORLD CHAMPIONSHIPS
Repubblica di San Marino
29-30 April-1 May 2017

LIGHT DISCIPLINES Registration Form
(Deadline 20/04/2017)

Team Name	
Address	
City / Country	
Telephone/Fax/mobile	
E-Mail	
Team Leader	

To validate your registration, please send this form, filled in each part, to the **fax number +39 0881 200546** or send an **email to** ickworldmartialarts@gmail.com

SURNAME	NAME	AGE KIDS JUNIOR SENIOR VETERANS	WEIGHT Exact KG	LEVEL BEGINNER INTERMEDIATE EXPERT	SPECIALTY SEMI CONTACT LIGHT CONTACT KICK LIGHT MMA LIGHT
Referees / Judges					
Surneme	**Name**	**Country / Club**			

This sports company, enrolled the above listed athletes at the competition in question, stating that all athletes are regularly affiliated to a sport insurance company for the current year with regular insurance coverage and in possession of valid medical certificate.
This is to raise the Federation and the promoters of the event from any liability arising from the participation of our athletes at the event itself.

Place and Date …… **Delegation leader** ……