



OCA recognized body in charge of Kickboxing in Asia

NON-PREGNANCY DECLARATION for FEMALE KICKBOXERS 14 year and older

Event:		
	ame. This form mu	carefully, complete the requested information, date and st be completed and returned to a Medical Control official
Name:		N° ID:
DOB:	Country:	E mail address:
Weight Class: _	kg	Style:
	I declare t	that: <u>I am not pregnant</u> .
that this declarati injury or damag and administrato Asian Kickboxing the competition	on is subsequently ge during the conrs, waive and relection (incomplete on the Orthon (including the Orthon)	statement and accept full responsibility for it. In the case shown to be inaccurate or untrue and I suffer any related npetition, I on behalf of myself, my heirs, executors ase any and all claims for damages I may have against cluding its officials and employees), the organizers of reganizing Committee and/or the Host Federation) and such injury or damage.
I officially declare	that I am fully resp	ponsible for the statement given above.
	Date (dd/mm/yy)	Kickboxer's Signature













