

## Dental Brace Certification

Name & Surname of athlete \_\_\_\_\_

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 Asian Kickboxing Confederation's rules.

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

\_\_\_\_\_ Date

\_\_\_\_\_ Orthodontic Surgeon's signature and stamp