SABAKI CUP
Open Ashihara Karate Tournament
30 May 2026 Warsaw, POLAND
Parents Approval

We hereby approve our child:

…….....	.....……	……..……
FIRST NAME LAST NAME	date of birth (dd-mm-yyyy)	Country

To Participation in the SABAKI Cup 2026, on 30 of May 2026, the Open Ashihara Karate Tournament in kumite competition (contact fight).

1. We declare that We know the rules of combat, applicable regulations and regulations, and I accept the sports risk related to our child's participation in the competition.
2. We will not hold the organizers responsible for any injuries that may occur during the event.
3. We declare that on the day of the competition our child will have personal accident insurence, a photo ID, and will have a set of personal protectors applicable in his category.
4. We declare that on the day of the tournament our child will have a valid medical certificate (not older than six month), issued by a sports doctor, that allows to practice and compete in karate tournaments (full contact)
5. We understand that in the event of a serious injury, at the discretion of the tournament doctor, our child may be transported to a local hospital accompanied by an adult, English-speaking member of the national delegation from his/her country of origin.
6. We consent to UKS KUMITE to use the images of our child created in connection with the Tournament, including the circulation of copies on which this image has been recorded, and the reproduction of the image with all currently available techniques and methods, dissemination and publication, also together with the images other people recorded as part of the implementation of activities aimed at popularizing and advertising karate and other activities of UKS KUMITE in accordance with its statute. Our child's image may not be used in a form or publication that is offensive to my child or otherwise infringes my child's personal rights.

This declaration is not subject to verbal changes.

Father or Legal Guardian

Name and surname: _____ Signature: _____ Date: _____Place: _____

Mother or Legal Guardian

Name and surname: _____ Signature: _____ Date: _____Place: _____

Emergency Contact Information

Please provide your full address and mobile phone number in case of emergency:

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