

# Invitation

## Tartu Open 2024 (Tatami)

### Kick-Light (7-40y)

04.05, Tartu  
Tartu Turu Sports Hall (Turu 8)

The Estonian Kickboxing Federation and the sports club 'KLAN' invite all clubs and individuals engaged in kickboxing, Muay Thai, Karate, Taekwondo, and other contact martial arts to participate in the **Tartu Open 2024 Kick-Light**.

The competitions are organized by the Estonian Kickboxing Federation according to the international WAKO rules. All participants must adhere to according to the program provided below:

10.15 - 11.15	Weigh-in	Turu Sports Hall (TURU 8 )
11.15 - 12.00	Drawing	Turu Sports Hall (TURU 8 )
12.00 - ...	Start of the competition (preliminaries, semifinals, finals, award ceremony)	Turu Sports Hall (TURU 8 )

## **CATEGORIES AND WEIGHT CLASSES WAKO**

Kick-Light young cadets 1 – 7-8y. (Boys and girls) (MYC1KL)  
-20,-24,-28,-32,-37,-42,-47, 47+ kg

Kick-Light young cadets 2 – 9-10y. (Boys and girls) (MYC2KL)  
-24,-28,-32,-37,-42,-47, 47+ kg

Kick-Light young cadets 3 – 11-12y. (Boys and girls) (MYC3KL)  
-28,-32,-37,-42,-47, 47+ kg

Kick-Light older cadets – boys 13-15y. (MOCKL)  
-42,-47,-52,-57,-60,-63,-69, 69+ kg.

Kick-Light older cadets – girls 13-15y. (FOCKL)  
-42, -46, -50, -55, -60, -65, 65+ kg.

Kick-Light juniors – boys 16-18y. (MJKL)  
-57, -60, -63, -69, -74, -79, -84, -89, -94, 94+ kg.

Kick-Light juniors – girls 16-18y. (FJKL)  
-50, -55, -60, -65, -70, 70+ kg.

Kick-Light - men 19-40y. (MKL)  
-57, -60, -63, -69, -74, -79, -84, -89, -94, 94+ kg.

Kick-Light – female 19-40y. (FKL)  
-50, -55, -60, -65, -70, 70+ kg.

## **RULES**

The competitions will be held according to WAKO rule (see [www.wakoweb.com](http://www.wakoweb.com) and [www.wakoest.ee](http://www.wakoest.ee)).

Chief referee: Dmitri Lahtikov

EKBF Secretary: Andrei Majakov, +372 5665 6886

- MYC1KL; MYC2KL; MYC3KL: 2 rounds x 90 sec (1 minute rest between rounds)
- MOCKL; FOCKL: 2 rounds x 120 sec (1 minute rest between rounds)
- MJKL; FJKL: 2 rounds x 120 sec (1 minute rest between rounds)
- MKL; FKL: 2 rounds x 120 sec (1 minute rest between rounds)

Procedure for lodging a protest:

<https://wako.sport/wp-content/uploads/2022/01/WAKO-Rules-12.11.2020.pdf>

## AWARD CEREMONY

First, second, and third place will be awarded medals and diplomas. The title of champion and first place is not awarded without competition matches (participants must compete in any case).

## MEDICAL SERVICE

- During the competition, competitors are serviced by a specialist in the field of medicine.
- A member of the Estonian Kickboxing Federation must present to the registration committee a WAKO pass containing a valid doctor's decision stating that the competitor MAY participate in Kickboxing competitions.
- All participants without a valid medical certificate must print out the **WAKO MEDICAL QUESTIONNAIRE** and **WAKO LIABILITY WAIVER** (see the last two pages), fill them out completely, and submit them upon arrival. **Failure to comply with this requirement may result in disqualification from the competition!**

Please note that those who need to print medical certificate forms on-site will be subject to a **printing fee of 20 euros**.

## PROCEDURE FOR PREVENTION OF MANIPULATION IN KICKBOXING COMPETITIONS

All athletes and representatives of sports clubs are requested to familiarize themselves with the Procedure for Prevention of Manipulation in Kickboxing Competitions:

[https://8911e5a1-439b-487c-9c27-a700a1f89f90.filesusr.com/ugd/88411d\\_f251783cd9a54510be332a14fd45affc.pdf](https://8911e5a1-439b-487c-9c27-a700a1f89f90.filesusr.com/ugd/88411d_f251783cd9a54510be332a14fd45affc.pdf)

## NOTIFICATION OF PARTICIPATION IN COMPETITIONS

The lists of participants must be submitted no later than **29.04.2024**. To do this, you need to fill in your details in the web table here:

[https://docs.google.com/spreadsheets/d/1ljjFe3acZe00lcVIVFz4xINfxukSwSOM9-\\_5F-YHlk4/edit#gid=1204587271](https://docs.google.com/spreadsheets/d/1ljjFe3acZe00lcVIVFz4xINfxukSwSOM9-_5F-YHlk4/edit#gid=1204587271)

**NB! If data is added after 29.04.2024, the entry fee will increase by 5 euros!**

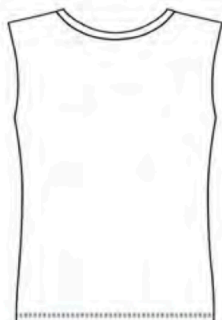
## ENTRY FEE:

- 30€ per competitor (for members of the WAKO Kickboxing Federation)
- 40€ per competitor (for non-members of the WAKO Kickboxing Federation)
- **20€ for each subsequent entry.**

## ATTIRE Kick-Light:

PROTECTIVE GEAR: headgear, boxing gloves (10 oz), shin guards, groin guard, mouthguard according to WAKO rules, must be brought by the competitors themselves.

**NB! T-shirts with sleeves are not allowed!**





# WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

## WAKO LIABILITY WAIVER

Event: \_\_\_\_\_

Please read the below information carefully, complete the requested information, date and sign under your name. This form must be completed and returned to a Weight Control official when registering.

Name: \_\_\_\_\_ Sports ID: \_\_\_\_\_

DOB: \_\_\_\_\_ Country: \_\_\_\_\_ E mail Address: \_\_\_\_\_

Weight Class: \_\_\_\_\_ kg Style: Kick-Light

### LIABILITY WAIVER:

I, the undersigned hereby confirm and agree to the following:

- I have adequate Medical insurance to cover my participation during this event;
- I, the undersigned, do hereby declared that I am currently and prior to leaving my country was in good physical condition and I had not suffered from any injury, infection or disability label to affect my capacity to compete in the current WAKO event;
- I release the event promoter, WAKO, WAKO's officers, the WAKO organising committee, the WAKO (IF) Board, WAKO members and WAKO Continental Board its servants/agents, volunteer committee and referees from any claims and any loss, damage sustained while participating in the above mention event;
- **I understand and I am fully aware that I am participating in a contact sport and may in the normal course of events sustain an injury while competing;**
- **In case of emergency (injuries, cuts etc.) and in any case whenever it is required by the WAKO Medical Rules, I agree that the medical staff on duty can proceed to any examination they deem opportune;**
- therefore, I assume full responsibility for all of my actions during and connected with this event I also agree that my attendance and or performance may be photographed, filmed or taped and used by WAKO, event promoter and/or their respective authorized agents. I waive any compensation thereof.

I, the undersigned, hereby authorize:

- free of charge, without time limits, any publication and/or dissemination of my pictures and videos on WAKO website, on any social channel (Facebook, etc.), on printed paper and/or on any other means of communication;
- the storage of the photos and videos in the WAKO's archives and acknowledges that the pictures and the videos will be used for informational and promotional purposes.
- the processing of your personal data for the management of all activities related to the organization of the event.

This authorization may be revoked at any time by written communication to be sent by e-mail to the address [administration@wako.sport](mailto:administration@wako.sport)

I hereby undertake and agree to abide all WAKO Rules and Regulations including WADA / WAKO Anti-Doping rules and agrees to be tested if requested to do so. I will treat my fellow competitors, officials and referees with, Respect, Integrity, Fair Play and Honour.

I also declare that, pursuant to Regulation (EU) 679/2016 (GDPR), I am aware that the data collected through this document will be processed for the purposes described in WAKO Privacy Notice and that I have taken vision of the latter pursuant to art.13 GDPR.

**I declare to have read and understood the content of this document.**

Place and Date: \_\_\_\_\_ Signature: \_\_\_\_\_

For a kickboxer under the age of 18 signature of Parent or Legal Guardian: \_\_\_\_\_

*Parent's or Legal Guardian's signature*

WAKO HQ: Via Alessandro Manzoni, 18 - 20900 Monza (MB) Italy  
E-mail: [administration@wako.sport](mailto:administration@wako.sport) - Tel. +39 3450135521 - Fax +39 039 2328901 - Web: <http://www.wako.sport>

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# WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

## WAKO MEDICAL QUESTIONNAIRE SPORTS MEDICAL EXAMINATION

**Event:** \_\_\_\_\_

Please read the below information carefully, complete the requested information, date and sign under you name. This form must be completed and returned to a Medical Control official when registering.

**Name:** \_\_\_\_\_ **Sports ID:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Country:** \_\_\_\_\_ **E mail address:** \_\_\_\_\_

**Weight Class:** \_\_\_\_\_ **kg** **Style:** \_\_\_\_\_

	Yes	No
Did you have any illnesses earlier?		
Were you born with any of your body parts missing?		
Have you ever been treated in hospital?		
Do you take any medicine on a regular basis?		
Do you take any food complementary substances?		
Have you ever fainted during or after training?		
Have you ever had any chest pain?		
Have you ever had high blood pressure?		
Have you ever had any skin diseases?		
Do you have any dermatological complaints at the moment?		
Do you suffer from asthma?		
Do you have any problems related to your bones, joints, tendons, or muscles?		
Have you ever had a skull injury accompanied with a loss of consciousness?		
Did you have headache in the past 10 days?		
Do you have teeth braces? If yes please attach the Dental Brace certification!		
Are you often on a diet		

Please give further details on answers with "Yes": \_\_\_\_\_

I officially declare that I am fully responsible for my answers given above. I also declare that, pursuant to Regulation (EU) 679/2016 (GDPR), I am aware that the data collected through this document will be processed for the purposes described in WAKO Privacy Notice and that I have taken vision of the latter pursuant to art.13 GDPR.

**Date** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**For a kickboxer under the age of 18 signature of Parent or Legal Guardian:** \_\_\_\_\_  
*Parent's or Legal Guardian's signature*

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