



**WAKO - WORLD ASSOCIATION
OF KICKBOXING ORGANIZATIONS**

**KBSS – KIK BOKS SAVEZ SRBIJE
SKF - SERBIAN KICKBOXING FEDERATION**



DENTIST-ORTHODONTIST APPROVAL / SAGLASNOST ZUBARA-ORTODONTA

Name / Ime: _____ / DOB / Datum rođenja: _____

Address / Adresa: _____ / Country / Država: **SERBIA / SRBIJA**

Passport number / Broj pasoša: _____ / Insurance / Broj police osiguranja: _____

Sports Event / Takmičenje: _____

Place and date / Mesto i datum: _____

I, the undersigned dentist-orthodontist agree that that competitor who has corrective teeth braces participate in kickboxing fights at designated WAKO competition, with the mandatory use of silicone - rubber teeth protection (mouthguard) for both rows of teeth.

Ja, dole potpisani zubar-ortodont saglasan sam da navedeni takmičar koji nosi korektivni aparat za zube nastupi u borbama u kik boks sportu na naznačenom WAKO takmičenju, uz obavezno korišćenje gumeno-silikonskoq štitnika za oba reda zuba.

_____ Date (dd/mm/yy) / Datum (dd/mm/gg)	_____ Signature and seal of dentist / Potpis i pečat zubara
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