

# KUTSE

## Tartu Open 2024 (Tatami)

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

04.05, Tartus  
Tartu Turu Spordihoones (Turu 8)

Eesti Kickboxingu Föderatsioon ja spordiklubi "KLAN" kutsuvad kõiki Eestis Kickboxingu, Tai – poksi, Karate, Taekwondo ja muude kontaktvõitluskunstidega tegelevaid klubisid ja eraisikuid osalema **Tartu Open 2024** Kick-Light stiilis.

Võistluseid korraldab Eesti Kickboxingu Föderatsioon rahvusvahelise WAKO reeglite järgi. Kõik osavõtjad peavad järgima all antud programmi:

10.15 - 11.15	KAALUMINE	TURU SPORDIHOONE (TURU 8)
11.15 - 12.00	LOOSIMINE	TURU SPORDIHOONE (TURU 8)
12.00 - ...	VÕISTLUSE ALGUS (ELVÕISTLUSED, POOLFINAALID, FINAALID, AUTASUSTAMINE)	TURU SPORDIHOONE (TURU 8)

## LIIGID JA KAALU-KATEGOORIAD

Kick-Light young cadets 1 – 7-8a. (posid ja tüdrukud) (MYC1KL)  
-20,-24,-28,-32,-37,-42,-47, 47+ kg

Kick-Light young cadets 2 – 9-10a. (posid ja tüdrukud)(MYC2KL)  
-24,-28,-32,-37,-42,-47, 47+ kg

Kick-Light young cadets 3 – 11-12a. (posid ja tüdrukud) (MYC3KL)  
-28,-32,-37,-42,-47, 47+ kg

Kick-Light older cadets – poisid13-15a. (MOCKL)  
-42,-47,-52,-57,-60,-63,-69, 69+ kg.

Kick-Light older cadets – tüdrukud13-15a. (FOCKL)  
-42, -46, -50, -55, -60, -65, 65+ kg.

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

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

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

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

## REEGLID

Võistlused toimuvad WAKO reeglite järgi (vt [www.wakoweb.com](http://www.wakoweb.com) ja [www.wakoest.ee](http://www.wakoest.ee)).

Peakohtunik: Dmitri Lahtikov

EKBF peasekretär: Andrei Majakov, +372 5665 6886

- MYC1KL; MYC2KL; MYC3KL: 2 raundi x 90 sec (1 min. puhkus raundide vahel)
- MOCKL; FOCKL: 2 raundi x 120 sec (1 min. puhkus raundide vahel)
- MJKL; FJKL: 2 raundi x 120 sec (1 min. puhkus raundide vahel)
- MKL; FKL: 2 raundi x 120 sec (1 min. puhkus raundide vahel)

Protesti esitamise kord:

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

## AUTASUSTAMINE

Esimene, teine ja kolmas koht autasustatakse medaliga ja diplomiga. Võistlusmatšita esikohta ja meistritiitlit ei omistata (võistluste osavõtja peab võistlema igal juhul)

## MEDITSIINILINE TEENINDUS

- Võistluste käigus võistlejaid teenindab meditsiini valdkonna spetsialist.
- Eesti Kickboxingu Föderatsiooni liige peab esitama registreerimise komisjonile WAKO passi, milles on kajastatud kehtiv arsti otsus, et võistleja VÕIB osaleda Kickboxingu võistlustel.
- Kõigil osalejatel, kellel pole kehtivat meditsiinilist tõendit, peab printida välja **WAKO MEDICAL QUESTIONNAIRE** ja **WAKO LIABILITY WAIVER (vaata kahte viimast lehekülge)**, täita need täielikult ja esitada need saabumisel kohapeal.  
**Selle nõude täitmata jätmine võib kaasa tuua diskvalifitseerimise võistluselt!**

Palun arvestage, et neile, kes vajavad meditsiiniliste tõendite vormide printimist kohapeal, kehtib **trükimaksumus 20 eurot**.

## KIKKPOKSIVÕISTLUSTEL MANIPULEERIMISE ENNETAMISE KORD

Kõiki sportlasi ning spordiklubide esindajaid palume tutvuda Kikkpoksivõistlustel Manipuleerimise ennetamise korraga:

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

## TEAVITAMINE VÕISTLUSTEL OSAVÕTUST

Osavõtjate nimekirjad peavad olema esitatud hiljemalt **29.04.2024**. Selleks tuleb täita oma andmed veebitabelis siin:

<https://docs.google.com/spreadsheets/d/1ljjFe3acZe00lcVIVFz4xINfxukSwSOM9-5F-YHlk4/edit#gid=1204587271>

**NB! Kui andmeid lisatakse pärast 29.04.2024, siis stardimaks suureneb 5 euro võrra!**

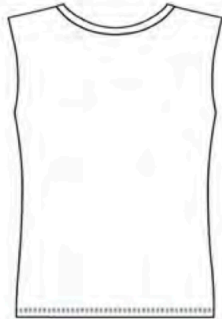
## STARDIMAKS:

- 30 eurot võistleja kohta (Eesti Kickboxingu Föderatsiooni liikmetele)
- 40 eurot võistleja kohta (mitte Eesti Kickboxingu Föderatsiooni liikmetele)
- **20 eurot iga järgmine stardimaks**

## RIETUS Kick-Light:

KAITSMED: peakaitse, poksikindad (10 oz), jalakaitsmed, kubemekaitse, hambakaitse WAKO reeglite järgi, peab olema võistlejatel endal kaasas.

**NB! Varrukatega t-särgid ei ole lubatud!**





# 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>

1/1





# 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 your 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*

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>

1/1