



RING CONTACT FIGHTING ARTS

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INSTRUCTOR COACH MEDICAL DECLARATION

I _____ the Instructor / Coach ID Number
_____ of the _____
Club / Gym hereby declares that my participants/fighters participation at the RCFA event
_____ on _____ have passed their
annual medical and have been declared healthy and fit by a medical doctor to do RCFA. I
furthermore declare that they are still healthy and fit to participate at the above event and that I am
fully aware of his/her medical condition.

Signature Instructor / Coach

Date