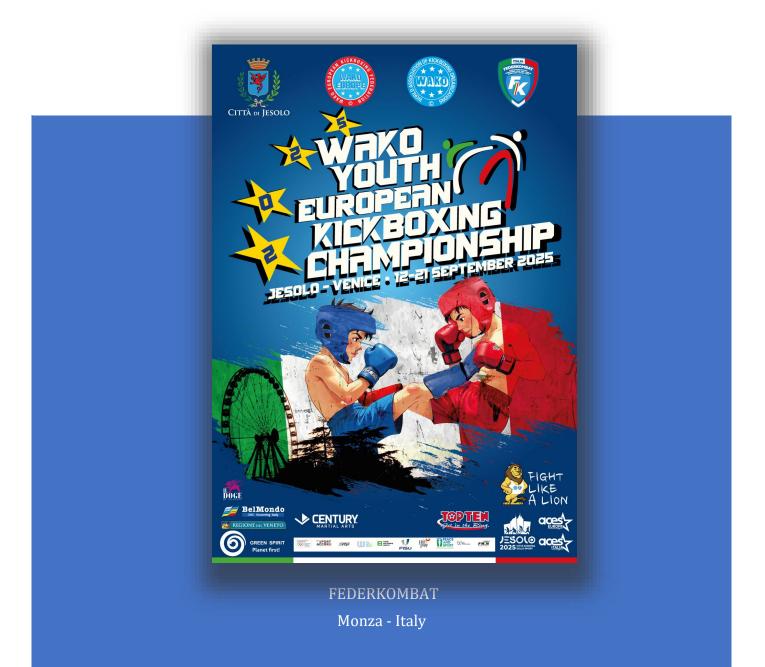
APPLICATION FORMS





CHILDREN, CADETS and JUNIORS WAKO Youth European Championship JESOLO LIDO (VE) – ITALY

CHOW C SHOW

CODE OF CONDUCT

From 12th to 21st SEPTEMBER 2025

CHIEF OF DELEGATION RESPONSIBILITY FORM

The host of the WAKO YOUTH EUROPEAN CHMPIONSHIP in JESOLO (ITALY) greatly appreciates your interest, presence and co-operation in making this event a successful and meaningful experience for all the participants involved. The average participant in this event is well mannered, well-disciplined and very co-operative. Our greatest concerns are for the safety of the participants, and that at the completion of these Championships there will have been no incidents, which would reflect poorly on any individuals, teams, or organizations. We ask for your co-operation and responsibility toward these ends.

STATEMENT OF RESPONSIBILITY

I recognize my responsibility for the entire behaviour of the athletes of my team throughout their participation in the WAKO YOUTH EUROPEAN CHMPIONSHIP 2025 in JESOLO (ITALY). These responsibilities began at the time of their first arrival and conclude after their final departure from the event, event site or other site which might be related to their participation in this event. This includes complete supervision while athletes are in their respective competition for the purpose of these Championships. I also recognize that discipline problems arise in the late evening after the conclusion of the competition, in the form of not obeying the quiet hours between 09:00 pm and 7:00 am, and especially on the last night of the event. I also recognize that the Organizing Committee, the Event Coordinator, and the Staff at each competitive site will be available to help control discipline problems and make the event enjoyable for all.

USE OF ALCOHOL AND DRUGS BY PARTICIPANTS IS PROHIBITED

State laws prohibit the use of alcohol by minors (under 18 years of age) and the possession or use of drugs. These laws will be strictly enforced by, team chaperon, and tournament officials. Any participant found in violation of these laws may be subject to prosecution by law enforcement officers and they and their teammates will be immediately expelled from the Championship. The Chief of Delegation assumes responsibility for the monitoring player conduct to ensure that drinking and drug use laws are upheld.

DAMAGE TO PLAYING SITES

Should damage occur at any site by any participant or even an athlete's parent the team responsible will be charged for the damages and the participant of this team will not be admitted to any WAKO Championships. If the responsible individual/ team cannot be determined, then all teams participating at the site during the occurrence will be sanctioned from future WAKO Championships. We feel it is the responsibility of all teams, competitors, coaches, and families to ensure that the site is free of any problems and damages. In addition, the area of the arena your team occupies is to be free of trash when you leave your site. Violators will cause their team to be immediately disqualified and dismissed from the Championships.

ARENA CONDUCT

ATHLETES WILL ABIDE BY WAKO RULES REGARDING ARENA CONDUCT. At all-time coaches, team, opponents, and officials will be treated with the utmost respect. Coaches must also assume full responsibility for enforcing arena conduct rules. Teams that fail to abide by these rules are subject to disciplinary action (e.g. dismissal from the event).

COACH and OFFICIALS ENDORSEMENT

I certify that I have read the Code of Conduct and have carefully reviewed it with my team members. All participants in the Championship, athletes, coaches, chaperons and relatives are expected to abide by the above-discussed Code of Conduct. It is the responsibility of every Chief of Delegates, coaches, chaperons to review with their teams this Code of Conduct. Individual and team violators of any provisions of this Code may be excluded from further participation in WAKO events.

Country				
Name and surname				
Address				
City/state/code				
Phone ()	Age		Date of birth	
Signature:		Stamp:		

This Code of Conduct MUST be returned by before July 31st 2025 - Once completed, please return this form to: <u>eventi@federkombat.it</u>



FEDERAZIONE ITALIANA KICKBOXING MUAY THAI SAVATE SHOOT BOXE SAMBO MMA

Via Alessandro Manzoni, 18 – 20900 – MONZA – MB – Italy – Tel. +39 039 321804 E-mail: <u>segreteriapresidenza@federkombat.it</u> – <u>segretario@federkombat.it</u> - <u>segreteria@federkombat.it</u> Pec: <u>federazione@pec.federkombat.it</u> - Web: <u>www.federkombat.it</u> – C.F. / P.IVA n. 07974780152





JESOLO LIDO (VE) – ITALY From 12th to 21st SEPTEMBER 2025



Appendix 1)

PRELIMINARY ENTRY FORM WAKO YOUTH EUROPEAN CHAMPIONSHIPS 2025 - JESOLO LIDO (VE), ITALY (Last day for preliminary entry: 30thMay 2025)

Name of Association:		
Address:		
Country:		
Telephone No:	E-Mail:	

The above-named association intends to enter a National Team in the WAKO Youth European Championship – Jesolo Lido (VE), Italy - consisting provisionally of the team numbers showed below.

Provisional Team Numbers:

Athletes	Coaches	Officials	Referees	Others	Total

Provisional Athletes Entries:

Style	Male	Female
Musical Forms		
Point Fighting		
Light Contact		
Kick Light		
K-1		
Low Kick		
Full contact		

Once completed please return this form by 30th May 2025 to:

Mrs. SERENA CAPIOTTO (BelMondo Srl)	and in	FEDERKOMBAT Events Office
E-mail: serena@belmondobooking.com	<u>CC to:</u>	E-mail: eventi@federkombat.it
Tel.: +39 0421 972844	→	Tel. +39 039 321804 int. 3

Signed:___

Signature and stamp:



FEDERAZIONE ITALIANA KICKBOXING MUAY THAI SAVATE SHOOT BOXE SAMBO MMA

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JESOLO LIDO (VE) – ITALY From 12th to 21st SEPTEMBER 2025



Appendix 2)

FINAL ENTRY FORM WAKO YOUTH EUROPEAN CHAMPIONSHIPS 2025 - JESOLO LIDO (VE), ITALY (Last day for final entry: 11.08.2025)

Name of Association:

Address:

Telephone No:

Mobile phone:

E-mail:

Chief Delegation	Officials	Referees	
Coaches			
	Journalists	Others	

Application	Filled:	Yes	No
Appendix			
Code of Cond	uct		
Appendix 1			
Appendix 2			
Appendix A			
Appendix B			
Appendix C			

The above-named association will be entering a National Team in the WAKO Youth European Championship consisting of the following team.

Team composition (Note: Enter the total numbers in each box.)

5	Coaches		Officials		Referees		Others	Grand Total
Female	Male	Female	Female	Male	Female	Male		

Signed:_

Signature and stamp:___



FEDERAZIONE ITALIANA KICKBOXING MUAY THAI SAVATE SHOOT BOXE SAMBO MMA

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JESOLO LIDO (VE) – ITALY From 12th to 21st SEPTEMBER 2025



Appendix A) HOTEL RESERVATION FORM

:+
<u>it</u>

Federation/Individual:			
Country:			
Address:			
Phone:		E-mail:	

Price per Person, per Night, Half Board									
Tick	Name	Rooi type		Departure date	Number Rooms	Number Persons	Num. Nights	Per night	Total amount
		Single						€ 120,00	
	Hotel 3 stars***	Doubl	e					€ 82,00	
		Triple						€ 77,00	
	TOTAL								
Tick	Name	Rooi type	-	Departure date	Number Rooms	Number Persons	Num. Nights	Per night	Total amount
		Single	•					€ 135,00	
	Hotel 4 stars****	Doubl	e					€ 95,00	
		Triple						€ 88,00	
	TOTAL								
Tick	Name	Rooi type	-	Departure date	Number Rooms	Number Persons	Num. Nights	Per night	Total amount
		Single	•					€ 155,00	
	Hotel 4 stars Sup.	Doubl	e					€ 120,00	
	•	Triple						€110,00	
								TOTAL	

This reservation is valid only if reconfirmed by BELMONDO Srl!

Date

Signature and stamp



FEDERAZIONE ITALIANA KICKBOXING MUAY THAI SAVATE SHOOT BOXE SAMBO MMA Via Alessandro Manzoni, 18 – 20900 – MONZA – MB – Italy – Tel. +39 039 321804 E-mail: <u>segreteriapresidenza@federkombat.it</u> – <u>segretario@federkombat.it</u> - <u>segreteria@federkombat.it</u> Pec: federazione@pec.federkombat.it - Web: www.federkombat.it – C.F. / P.IVA n. 07974780152





CHILDREN, CADETS and JUNIORS WAKO Youth European Championship JESOLO LIDO (VE) – ITALY

From 12th to 21st SEPTEMBER 2025



Appendix B) TRAVEL SCHEDULE FORM

	Please send this form by e-mail to:
	Mrs. SERENA CAPIOTTO (BelMondo Srl)
Please return: by 1 st September 2025	E-mail: serena@belmondobooking.com
	Tel.: +39 0421 972844 (direct +39 0421 1773234)
	WhatsApp number 0039 3279358733
	CC to: FEDERKOMBAT Events Office – <u>eventi@federkombat.it</u>
Federation/Individual:	
Country:	
Address:	-
Phone:	Email

		ARRIV	/AL					
AIRPORT: UVENICE MARCO POLO or TREVISO-SANT'ANGELO (A. CANOVA)								
DATE TIME		FLIGHT NUMBER	COMING FROM	NUMBER OF PERSONS				
ТОТ								

DEPARTURE

AIRPORT:	□ VENICE MARCO POLO or □ TREVISO-SANT'ANGELO (A. CANOVA)						
DATE	TIME	FLIGHT NUMBER	COMING FROM	NUMBER OF PERSONS			
			TOTAL	-			

Date __

Signature and Stamp ____



FEDERAZIONE ITALIANA KICKBOXING MUAY THAI SAVATE SHOOT BOXE SAMBO MMA

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JESOLO LIDO (VE) – ITALY From 12th to 21st SEPTEMBER 2025



Appendix C) APPLICATION FORMS FOR VISA REQUEST

<u>Please return this form by 18th July 2025 to</u>: FEDERKOMBAT Events Office – eventi@federkombat.it

WAKO Country Member _____

Address:	
Phone:	
E-mail:	

	Name and Surname	Passport No.	Date of Birth	Issue	Expiry	Sex	Status
Ex.	Marco Rossi	AS281681J	21/07/1980	20/03/2005	20/03/2025	М	Athlete
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Date:

Signature and Stamp: ____



FEDERAZIONE ITALIANA KICKBOXING MUAY THAI SAVATE SHOOT BOXE SAMBO MMA Via Alessandro Manzoni, 18 – 20900 – MONZA – MB – Italy – Tel. +39 039 321804 E-mail: <u>segreteriapresidenza@federkombat.it</u> – <u>segretario@federkombat.it</u> - <u>segreteria@federkombat.it</u> Pec: <u>federazione@pec.federkombat.it</u> - Web: <u>www.federkombat.it</u> - C.F. / P.IVA n. 07974780152





JESOLO LIDO (VE) – ITALY From 12th to 21st SEPTEMBER 2025



	Name and Surname	Passport No.	Date of Birth	Issue	Expiry	Sex	Status
Ex.	Marco Rossi	AS281681J	21/07/1980	20/03/2005	20/03/2025	Μ	Athlete
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							

Date: _____

Signature and Stamp: _____



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