GOLDEN GLOVE

DON'T TALK BEHIND MY BACK I CAN STILL HEAR YOU!!

HYPE

WE DO IT BETTER

PALESTRA
EUROP CENTER

www
goldenglovecup.com

goldenglovewakoec@gmail.com

+390414174712 - +393288612287

goldenglovewakoec

golden_glove_wako_ec

GOLDEN GLOVE

CONI

WHERE A CHAMPION WILL RISE

THE ORIGINAL GOLDEN GLOVE 2025

WE ARE READY!

PLATINUM SPONSOR

CENTURY MARTIAL ARTS

SAVE THE DATE

17-18-19

January 2025
Mareno di piave (TV)

GOLDEN GLOVE

OFFICIAL INVITATION

GOLDEN GLOVE

CASH PRIZES

Dear coaches, fighters, referees and friends, it is a real pleasure to invite you to **GOLDEN GLOVE 2025!**
This will be the 15th edition and we can not wait to give life to another unique event in the name of friendship and sport!!
GOLDEN GLOVE 2024 was perhaps the best edition ever, everything has developed with a perfect flow, and what we hope that 2025 can represent for us a fantastic edition!

GOLDEN GLOVE is sponsored by CENTURY MARTIAL ARTS

Best Regards and Welcome
Luca Terrin and Raffaele Di Paolo

TWO BEAUTIFUL SPORT HALLS

PALAMARENO 1 + PALAMARENO 2

Address	via Conti Agosti, 79 - 31010 Mareno di Piave
BY PLANE	Treviso or Venice
BY TRAIN	Rail station of Treviso
BY CAR	Highway A27 Venezia/Mestre/Belluno exit Conegliano

CASH PRIZES

senior pf/lc/kl (4 fighters min.)	€100,00
tag team sr M pf -74/+74kg (6 teams min.)	€500,00
tag team sr F pf (6 teams min.)	€500,00
tag team sr M lc -74/+74kg (4 teams min.)	€300,00
tag team sr F lc open (4 teams min.)	€300,00
grand champion M	€500,00
grand champion F	€500,00

ENTRY FEE

divisions UG	€45,00
divisions BB	€50,00
team jr	€100,00
team sr	€100,00
team yc/oc	€100,00
grand champion	€65,00

CASH PRIZE + CENTURY GLOVES: **€ 20.000**

PLEASE NOTE: Gloves will be given to the winners of the BB categories only for categories with at least 4 athletes

WAKO DIVISIONS

for more information visit:
www.sportdata.org
sportdata event technology

WHERE A CHAMPION WILL RISE

WHERE A CHAMPION WILL RISE

LOCATION

GOLDEN GLOVE

GG2025 STUFF

SCHEDULE

WHEN	WHAT	ARENA	WHAT TIME
January Thursday 16TH	Weight in - Medical Control FOR ALL	M1	15:00 - 21:00
January Friday 17TH	Weight in - Medical Control Mandatory for Kick Light	M1	8:30 - 10:30
	COMPETITION START 12:30		
	KICK LIGHT (UG - BB)	M1	12:30
	Weight in - Medical Control Mandatory for Light Contact and Pointfighting	M1	14:00 - 23:00
	MUSICAL FORMS	M2	14:00
	GOLDEN GLOVE SEMINAR	M1 / M2	17:00 - 18:00
January Saturday 18TH	OPENING CEREMONY	M1	08:30
	COMPETITION START 9:00		
	POINTFIGHTING JR BB - SR BB - MST	M1	09:00
	LIGHT CONTACT YC (UG - BB) - OC (UG - BB)	M2	09:00
	LIGHT CONTACT JR UG - SR UG		12:00
	TAG TEAM POINTFIGHTING YC - OC		14:00
	LIGHT CONTACT JR BB - SR BB - MST		16:00
	TAG TEAM LIGHT CONTACT		20:00
January Sunday 19TH	OPENING CEREMONY	M1	08:30
	COMPETITION START 9:00		
	POINTFIGHTING CH - YC BB - OC BB	M1	09:00
	POINTFIGHTING JR UG - SR UG	M2	09:00
	GRAND CHAMPION		11:00
	CENTURY KOMBAT ZONE		12:00
	POINTFIGHTING YC UG - OC UG		13:30
	TAG TEAM POINTFIGHTING		18:00

*UG = UNDER GREEN
*BB = BLACK BELTS

READ CAREFULLY THE FOLLOWING CONDITIONS:

1 - It's not possible to fight only in the Grand Champion, fighters must be registered in at least one division.
2 - All divisions with less than 4 fighters will automatically be moved to the upper one.
3 - Fighters can fight in both point and light tag teams but only in one team for each style.
4 - In ALL divisions ONLY APPROVED WAKO BRANDS will be allowed (except for the uniforms).
5 - Athletes who have taken part in E.C. and W.C. can only be entered in the black belt divisions.
6 - Masters can fight in the senior categories with an exemption granted by their Federation

GOLDEN GLOVE

Dental Brace Certification

Name & Surname of kickboxer _____

Name & Surname of the Orthodontic Surgeon _____

I confirm that I have fitted a dental brace to the above-mentioned kickboxer on (dd/mm/yyyy) _____ and I expect him/her to need to keep it in place until (dd/mm/yyyy) _____ .

I also confirm that I have personally fitted the above-mentioned kickboxer with a personal protective mouth-guard that I am confident will provide him/her with normal protection to the mouth, gums and teeth and the dental brace itself, should he/she wish to participate in kickboxing competitions.

I consider that he/she will be at no more risk than any other person taking part in kickboxing competitions in accordance with the WAKO rules.

DECLARATION: "I 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 Orthodontic Surgeon's signature and stamp

WORLD ASSOCIATION OF KICKBOXING ORGANIZATIONS

WAKO LIABILITY WAIVER

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 Weight Control official when registering.

Name: _____ **Sports ID:** _____

DOB: _____ **Country:** _____ **E mail Address:** _____

Weight Class: _____ **kg** **Style:** _____

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 herby 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**

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 - Tel. +39 3450135521 - Fax +39 039 2328901 - Web: http://www.wako.sport

MEDICAL CERTIFICATE **for kickboxer**	**For:** ☐ - semi-annual registration ☐ - annual registration ☐ - championship - competition ☐ - after suspension period following injury or KO/RSCH

Country Code			WAKO National Federation	☐ Passport No. / ☐ Identity card No.

Sports ID Number	Family name	Given name	Middle name	Nationality / Citizenship

Gender M / F	Kickboxing discipline Ring / Tatami / Forms	Age category CH, YC, OC, J, YJ, OJ, S, M	Weight category

I hereby confirm that the kickboxer indicated above has passed a pre-participation screening following his/her national laws and WAKO Medical Rules - SEE PAGE TWO, and kickboxer is

Medically FIT

to participate in kickboxing training and at all levels of kickboxing competition during the period of validity of this certificate.

This certificate is valid until:	_____ Date (dd/mm/yyyy)

DECLARATION: "I, the undersigned, declare on my honor that I am eligible and fulfil the Conditions stipulated by the Rules of WAKO. 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 (dd/mm/yy)

_____ Signature and stamp of qualified Medical Doctor of the same country of residence of the kickboxer

MIMINUM EXAMS AND INSTRUMENTAL ASCERTAINMENTS FOR THE RELEASE OF MEDICAL CERTIFICATE FOR WAKO DISCIPLINES

Ring disciplines:

Mandatory:

- Medical history
- Complete physical exam, included, but not limited to, cardiovascular system (heart auscultation, blood pressure, pulses)
- Rest electrocardiogram
- Stress electrocardiogram for kickboxers aged 41 or more

Optional (recommended):

- Stress electrocardiogram (mandatory from 2024)
- Eye exam included a dilated ophthalmological examination of fundus oculi, administered by a licensed ophthalmologist (mandatory from 2025)
- Neurological exam administered by a licensed neurologist or neurosurgeon (mandatory from 2025)
- Blood Work (for kickboxers aged 18 and older): HIV, Hepatitis B Surface Antigen, Hepatitis C Antibodies (mandatory from 2028)

Tatami disciplines:

Mandatory:

- Medical history
- Complete physical exam, included, but not limited to, cardiovascular system (heart auscultation, blood pressure, pulses)
- Rest electrocardiogram
- Stress electrocardiogram for kickboxers aged 41 or more

Optional (recommended):

- Stress electrocardiogram (mandatory from 2024 - independently from age). In Master class (veteran) competitors it is mandatory to reach a heart rate higher than 90% of their theoretical maximum (220 minus age in years)

Forms:

Mandatory:

- Medical history
- Complete physical exam, included, but not limited to, cardiovascular system (heart auscultation, blood pressure, pulses)
- Rest electrocardiogram

Optional (recommended):

- No more tests are suggested

These are the minimum requirements for the release of a Medical Certificate for WAKO disciplines. It can be implemented case by case, following National laws and National Federations' Medical Rules.

The maximum length validity for a **Medical Certificate**, independently from the WAKO discipline is **one year**.

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 your 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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WORLD ASSOCIATION
OF KICKBOXING ORGANIZATIONS

NON-PREGNANCY DECLARATION
for FEMALE KICKBOXERS 14 year and older

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:** _____

I declare that: I am not pregnant.

I understand the seriousness of this statement and accept full responsibility for it. In the case that this declaration is subsequently shown to be inaccurate or untrue and I suffer any related injury or damage during the competition, I on behalf of myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against WAKO (including its officials and employees), the organizers of the competition (including the Organizing Committee and/or the Host Federation) and the Competition Venue owners for such injury or damage.

I officially declare that I am fully responsible for the statement 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 (dd/mm/yy) *Kickboxer's 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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PARENTAL / LEGAL GUARDIAN CONSENT

I _____ **as parent(s) / legal guardian of the minor**

son / daughter _____ Passport / ID number _____
Full name of underage competitor *Passport / ID Number*

agree that my son / daughter participate as a competitor on kickboxing competition

_____ / _____
Name of the competition *Place and date of competition*

accompanied by a coach _____ Passport / ID number _____
Full name of coach *Coach's Passport / ID Number*

I confirm with my signature that I fully agree with all of the provisions set out in the ***WAKO Liability Waiver*** and with all is reported in ***WAKO Medical Questionnaire*** signed by my son / daughter and ***WAKO Non-pregnancy declaration*** signed by my daughter.

I also confirm with my signature that I fully agree that in case of an accident and the need of medical assistance to my son / daughter, all necessary exams (including x-rays and CT scan) and all necessary medical treatments (including blood transfusions and surgical procedures) should be performed.

The above-mentioned coach, who is also signing this document, will be responsible of staying with my underage son / daughter in case of accidents needing medical treatment that may last longer than the duration of the kickboxing competition. This includes COVID-19 related aspects (isolation, quarantine, hospitalization, etc.). The coach will be allowed to come back home only at the arrival of the parent / legal guardian of the minor.

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: _____ **Signature:** _____
Parent(s)' or Legal Guardian's signature *Coach's signature*