



RING CONTACT FIGHTING ARTS INSTRUCTOR / COACH DECLARATION

I _____ the Instructor / Coach ID Number
_____ of the _____
Club / Gym hereby declares that my 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.

Signature Instructor / Coach

Date