Orthodontic Braces Participation Acknowledgement

Dental risk acknowledgement and under-age consent for participants with orthodontic braces.

Participant full name *(required)*

Date of birth *(required)*

Activity date

Participant has braces *(required)*

If Yes, show acknowledgement and the mouthguard question.

- ☐ Yes
- ☐ No

Activity type *(required)*

- ☐ Non-contact training
- ☐ Controlled contact
- ☐ Sparring
- ☐ Competition

Mouthguard suitable for braces *(required)*

Choose N/A if the participant does not wear braces. If No, block participation in contact activity.

- ☐ Yes
- ☐ No
- ☐ N/A - no braces

Parent / guardian full name *(required, for boxers under 18)*

Relationship to participant *(required, for boxers under 18)*

Parent / guardian phone *(required, for boxers under 18)*

Parent / guardian email *(for boxers under 18)*

Parent / guardian address, if different *(for boxers under 18)*

Parent / guardian acceptance *(required, for boxers under 18)*

The parent or guardian types their full legal name and confirms the declaration on behalf of the young person. Timestamp, version and language are recorded.

Signed:

Name and date:

Participant acceptance *(required)*

Type your full legal name and confirm the declaration. Timestamp, version and language are recorded.

Signed:

Name and date: