



FIGHTER REGISTRATION FORM

NAME: _____ **D.O.B.** ____/____/____
Surname, Given Name

ADDRESS: _____

PHONE: (A.H.): _____ (B.H.): _____

MOBILE: _____ **E-MAIL:** _____

WEIGHT (Kgs): _____

APPLICATION TO FIGHT (please tick any/all boxes you wish to be matched under. Final say on placement remains at the discretion of ICNZ MMA matchmakers)

- B-Class** (Open to all and geared to novice. Expense allowance granted)
- A-Class** (1 step up from B-Class. Expense allowance + \$150 appearance)
- Pro-Class** (For professional level fighters only. Expenses \$250 appearance + \$200 winner's purse)

FIGHTING & TRAINING RECORD

Club/Gym: _____

Trainer: _____

Years training: _____ Grade attained: _____

BRAZILIAN JIU JITSU (W/D/L) _____

KICKBOXING (W/D/L) _____

MMA FIGHTS (W/D/L) _____

Comprehensive details of other combat sport training and experience:

EXCLUSION OF APPLICANT

Have you ever been excluded from any combat sport or Martial Art, in the past by a medical practitioner or any other person or entity or Martial Arts Club?

If yes give details:

PARENTAL CONSENT

(if aged under 18years this must be completed by your parent or legal guardian)

I, _____, acting in my capacity of legal guardian/parent do hereby grant my consent for the above applicant to participate as an individual in this tournament and do hereby assume full responsibility for any and all damages, bodily injuries or losses of every kind and description that may be sustained or incurred, if any, while attending, and hold harmless the Promoters, Participants, Officials and Sponsors of ICNZ MMA. I hold, to the best of my knowledge the above information to be correct. I fully understand that any medical treatment given will be of a first aid type treatment only.

Dated this _____ day of _____ 20____

Parent/Guardian Signature _____

DECLARATION OF UNDERSTANDING

I have read and understood the terms of the ICNZ MMA, or if I did not understand the terms I requested an independent person to explain them to me

Dated this _____ day of _____ 20____

Applicant Signature _____ Date _____

Witness Signature _____ Date _____

APPLICATIONS MUST BE SUBMITTED TO.....

neil@icnzMMA.co.nz

Or by mailing hardcopy to

ICNZ MMA c/o Neil Swales
27 Gibbston Crescent
Flatbush, Manukau 2016

Online registration available at.....

<http://www.icnzMMA.co.nz>