



CURRENTLY IKF LICENSED FIGHTER - UPDATE FORM -

IKF USE ONLY

"PLEASE PRINT NEATLY" IF WE CANNOT READ YOUR PRINTING YOUR BOUT WILL BE CANCELLED!

BOUT: \_\_\_\_\_

CORNER: \_\_\_\_\_

- 1. FIRST NAME [grid] Height: \_\_\_' \_\_\_"
2. LAST NAME [grid]
3. AGE [grid] Birthday (Month, Day & Year): [grid] / [grid] / [grid] MALE [ ] FEMALE [ ]
4. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_
5. PHONE ( [grid] ) [grid]-[grid] E-MAIL: \_\_\_\_\_
6. DATE OF THIS EVENT: M: \_\_\_ D: \_\_\_ YR: \_\_\_ EVENT CITY: \_\_\_\_\_ STATE: \_\_\_\_\_
7. WHEN WAS YOUR LAST BOUT: \_\_\_ / \_\_\_ / \_\_\_ WHERE: \_\_\_\_\_ RESULT: \_\_\_\_\_
8. ARE YOU UNDER ANY SUSPENSION BY ANY STATE COMMISSION OR SANCTIONING BODY? IF SO EXPLAIN: \_\_\_\_\_
9. EVER FOUGHT AS A PRO FIGHTER? \_\_\_ EVER BEEN KNOCKED OUT AND IF SO, WHEN: \_\_\_\_\_
10. AMATEUR FIGHT RECORD WITH WINS BY KO/TKOS - IF ANY - IF NO FIGHTS WRITE -0- IN ALL BLANKS
- MUAY THAI & KICKBOXING \_\_\_ WINS \_\_\_ LOSES \_\_\_ DRAWS \_\_\_ WINS BY KO/TKO \_\_\_ NO CONTEST OR DQ
- SMOKER / IN GYM \_\_\_ WINS \_\_\_ LOSES \_\_\_ DRAWS \_\_\_ WINS BY KO/TKO \_\_\_ NO CONTEST OR DQ
- MMA \_\_\_ WINS \_\_\_ LOSES \_\_\_ DRAWS \_\_\_ WINS BY KO/TKO \_\_\_ NO CONTEST OR DQ
- PANKRATION \_\_\_ WINS \_\_\_ LOSES \_\_\_ DRAWS \_\_\_ WINS BY KO/TKO \_\_\_ NO CONTEST OR DQ
- BOXING \_\_\_ WINS \_\_\_ LOSES \_\_\_ DRAWS \_\_\_ WINS BY KO/TKO \_\_\_ NO CONTEST OR DQ
11. TRAINERS NAME: (List SELF if you train yourself) \_\_\_\_\_
12. MANDATORY: Trainers/Contact Number: ( \_\_\_\_\_ ) \_\_\_\_\_

13. FEMALES ONLY: Are you Pregnant? \_\_\_ YES \_\_\_ NO
PREGNANCY ADVISORY NOTICE ALERT: If you participate in combative sports when you are pregnant you could have a miscarriage or you and or your fetus could suffer permanent injury or death. The IKF cannot force you to have a pregnancy test as a requirement for licensing or before a bout. However, the IKF strongly urges you to be tested before each of your bouts. The IKF strongly urges you to not compete if you know or think you may be pregnant. The IKF informs you that the IKF or any of its agents and the physician who conducts your pre-bout examination(s) is not responsible for any injury that you and or your fetus suffers if you compete when you are pregnant.

This is a Legal Amateur Status Confirmation Form binding You as the FIGHTER, The IKF (International Kickboxing / Muay Thai Federation) The Event Promoter & any & all companies, federations or organizations associates, officials, employees & staff related to the FIGHTER AND The EVENT named above. You hereby consent & agree to completely accept alone any & all Fines, Suspensions & Disciplinary Actions if you are found to be untruthful on ANY of the Questions below & You verify and confirm all of the below statements by signing your full and legal name below. READ IT CAREFULLY AND OBTAIN LEGAL ASSISTANCE IF YOU DO NOT UNDERSTAND IT.

VOLUNTARY APPLICATION. I acknowledge and state that I have ACCEPTED to compete in the above EVENT on the DATE ABOVE as an AMATEUR Fighter. I confirm under penalty or perjury that as of the EVENT DATE noted above and below, I have Never been Paid, Contracted or Fought as a Professional Kickboxer, Muay Thai Fighter, Mixed Martial Arts Fighter or Professional Boxer EVER.

PENALTY, FINES & SUSPENSIONS FOR PRO FIGHTERS FIGHTING AS AN AMATEUR: I fully understand that if I have not been truthful with any of the above questions that I will be responsible for the following MINIMUM disciplines: Fined \$1,000.00 by the IKF, Suspended for a minimum of 90 days. In addition, I also fully understand that if I have not been truthful with any of the above questions that my Trainer listed above shall face the following disciplines: Fined \$1,000.00 by the IKF. Suspended for a minimum of 90 days. Suspension Time lengths & Fine Amounts determined within 1-3 days by the IKF.

MEDICAL SAFETY: Have you suffered any knockouts (KO's), technical knockout's (TKO's) loss of consciousness or been stopped or injured IN THE LAST 30 DAYS PRIOR TO THIS EVENT in a bout, sparring or in any other activity? \_\_\_ YES \_\_\_ NO

If yes, please list and give dates and details: \_\_\_\_\_
I declare under penalty of perjury under the rules and regulations of the IKF, that all provided information on this form is true and correct AND I realize that any intentional misrepresentation may result in disciplinary action against me.

Executed on the \_\_\_\_\_ day of the month of \_\_\_\_\_, in the year 20\_\_\_\_\_.

FIGHTER: \_\_\_\_\_ Print Name: \_\_\_\_\_

TRAINER: \_\_\_\_\_ Print Name: \_\_\_\_\_