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Registration Forms

Cornerman's Registration

No Refunds Once License Has Been Approved. All Fighter Licenses expire on December 31st of the year purchased

WKA Cornerman's License Application

Complete the form below - after you click Submit you will be sent to the PayPal website to pay for your annual Cornerman's license (expires December 31st of the year). Once payment has been received you will receive your license via email.

First Name	*	<input type="text"/>
Last Name	*	<input type="text"/>
Address	*	<input type="text"/>
City	*	<input type="text"/>
State or Canadian Province	*	<input type="text" value="-- Choose One --"/>
Zipcode or Canadian Postal Code	*	<input type="text"/>
Country	*	<input type="text" value="United States"/>
Phone	*	<input type="text"/>
Email	*	<input type="text"/>
Have you previously been a licensed cornerman for the WKA?	*	<input type="radio"/> No <input type="radio"/> Yes
If so, provide last year licenced		<input type="text"/>

Gym Info

Gym Name	*	<input type="text"/>
Trainer	*	<input type="text"/>
Gym Address		<input type="text"/>
City	*	<input type="text"/>
State or Canadian Province	*	<input type="text" value="-- Choose One --"/>
Zipcode or Canadian Postal Code		<input type="text"/>
Country	*	<input type="text" value="United States"/>
Gym Phone		<input type="text"/>
Gym Fax		<input type="text"/>
Gym Email		<input type="text"/>
Gym Website		<input type="text"/>
How long have you been with this gym?	*	<input type="text"/>
In which sports are you interested in being a second?	*	<input type="checkbox"/> Muay Thai <input type="checkbox"/> Kickboxing <input type="checkbox"/> MMA
Do you have any previous experience as a corner/second?	*	<input type="radio"/> No <input type="radio"/> Yes
If so, for what length of time have you been active as a corner/second?		<input type="text"/>
Describe experience, if applicable		<input type="text"/>

I certify that the competitors listed below are trained and competent in skill to take part in a combative sports competition.

1.

2.

3.
4.
5.
6.
7.
8.

Signature

*

Submit Form

license@wkausa.com

Sponsors

