



CONTESTANT REGISTRATION FORM

FULL NAME: _____

REGISTRATION TYPE: **NEW** **RENEWAL** **TRANSFER**

PAYMENT INFORMATION

PLEASE MAKE CHEQUE OR MONEY ORDER PAYABLE TO THE WORLD KICKBOXING ASSOCIATION (tick applicable box)

- CHEQUE**
- MONEY ORDER**
- CREDIT CARD**
(PLEASE COMPLETE DETAILS)

PAYMENT AMOUNT:	<input type="text"/>
	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express
NAME ON CARD:	<input type="text"/>
CARD NUMBER:	<input type="text"/>
EXPIRY DATE:	<input type="text"/> / <input type="text"/>
	CCV: <input type="text"/>
SIGNATURE:	<input type="text"/>

APPLICATION CHECK LIST

*THE FOLLOWING ITEMS MUST ACCOMPANY THIS APPLICATION
(CHECK BOX INDICATING COMPLIANCE)*

- \$35 Competitor **Annual Application Fee**
- 2 x **Passport Photos** (Without Headwear)
- Certified copy of **Government Issued Photo Identification** (e.g. KEYPASS or DRIVERS LICENCE)
- Certified copy of **Birth Certificate**
- CERTIFICATE OF FITNESS** completed by your physician prior to submission of this application.
- Fully Completed **WKA HEALTH HISTORY QUESTIONNAIRE**



AUSTRALASIAN HEAD OFFICE

Unit 6/26-38 Miller Street
Epping, Victoria, 3076 - AUSTRALIA

Telephone: +61 3 8401 4864

Facsimile: +61 3 8401 4862

CONTESTANT REGISTRATION FORM

PLEASE PRINT IN BLOCK LETTER AND PRESS FIRMLY - WHITE COPY (OFFICE) - BLUE COPY (MEMBER)

PERSONAL DETAILS

GIVEN NAME (s) LAST NAME

ADDRESS SUBURB

STATE POSTCODE COUNTRY

BIRTHDATE / / SEX MALE FEMALE MARITAL STATUS

CURRENT AGE CURRENT HEIGHT CURRENT WEIGHT

OCCUPATION EMPLOYER/SCHOOL

DISABILITIES:

PLEASE LIST ANY DISABILITIES OR PERMANENT INJURIES THAT YOU HAVE THAT MAY AFFECT YOUR ABILITY TO PARTICIPATE NOW OR IN THE FUTURE

CONTACT DETAILS

MOBILE PHONE BUSINESS PHONE

HOME PHONE EMAIL ADDRESS

CLUB & TRAINER DETAILS

TRAINERS FIRST NAME (s) LAST NAME

CLUB ADDRESS SUBURB

STATE POSTCODE COUNTRY

CONTACT DETAILS

MOBILE PHONE BUSINESS PHONE

HOME PHONE EMAIL ADDRESS

CONDITIONS & AGREEMENT Before signing the application for membership please read the following carefully

- I enclose a Certificate of Fitness provided by a registered medical practitioner. (Note: the medical examination must be completed within 14 days before the date of this application).
- I consent to the collection of medical information relating to me on the understanding that it is collected for the purposes of protecting my health and safety and that of other contestants, and that this information will be kept private in accordance with the Health Records Act 2001, except where disclosure to other parties is provided for in the Act and the Regulations.
- I consent to the collection of information relating to injuries sustained by me at contests on the understanding that it is collected for the purposes of informing research into combat sports injuries to promote the health and safety of all contestants. I accept that this information will be retained by the WKA and may be made available to academic researchers under strict guidelines, but that I will not be identifiable by name.
- I understand that boxing and combat sports are hazardous activities that may lead to serious injury.

In particular, successive blows to the head may lead to movement of the brain within the skull of a contestant, rupturing veins, and in rare cases, arteries. The resulting bleeding may lead to the formation of blood clots, causing pressure inside the skull, restricting the supply of oxygen to the brain and causing serious damage to the brain and even death.

In seeking registration as a contestant I knowingly accept this risk.

The applicant affirms that he/she or their legal guardian has read these conditions.

The applicant agrees that the conditions therein are incorporated in this registration between the applicant and **WORLD KICK BOXING ASSOCIATION** in the event that the registration is accepted and the applicant becomes a registered competitor.

.....
COMPETITOR'S SIGNATURE

.....
PARENT/GUARDIAN SIGNATURE
(IF COMPETITOR IS UNDER 18 YEARS OF AGE)

.....
TRAINER'S SIGNATURE

..... / /
DATE OF APPLICATION

PREVIOUS LICENSING

HAVE YOU EVER BEEN REGISTERED OR DISCIPLINED BY ANY OTHER LICENSING AUTHORITY?
(If Yes, Please give details)

YES

NO

COMBAT SPORTS TYPE & FIGHT HISTORY

PLEASE CHOOSE THE COMBAT SPORTS THAT YOU WOULD LIKE TO REGISTER FOR:
(tick applicable boxes)

KICK-BOXING

THAI-BOXING

MIXED MARTIAL ARTS

COMPETITION STATUS & FIGHT RECORDS

PLEASE TICK EITHER AM OR PRO STATUS
STATUS AND ADVISE YOUR FIGHT RECORD

**NB: IF YOU ARE A PROFESSIONAL FIGHTER,
WE STILL NEED YOUR AMATUER RECORD*

AMATEUR

WIN LOSS DRAW

WINS BY: KO TKO

PROFESSIONAL

WIN LOSS DRAW

WINS BY: KO TKO

LIST YOUR LAST 10 BOUTS (AM/PRO) **THE WKA MAY SEEK FURTHER INFORMATION AND CLARIFICATION*

DATE	PLACE/VENUE	OPPONENT	RESULT	DETAILS OF INJURIES OR SUSPENSION
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

INJURY DETAILS

DO YOU PRESENTLY SUFFER FROM ANY KNOWN MEDICAL CONDITION THAT WOULD MAKE IT
UNSAFE FOR YOU TO ENGAGE IN AN UNARMED COMBAT SPORTING EVENT?

YES

NO

HAVE YOU EVER BEEN HOSPITALISED DUT TO AN UNARMED COMBAT RELATED INJURY?

YES

NO

MARTIAL ARTS EXPERIENCE (IF APPLICABLE - PLEASE SUPPLY SUPPORTING DOCUMENTATION/CERTIFICATION)

RANK	MARTIAL ARTS STYLE	INSTRUCTOR	YEARS
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

WORLD KICKBOXING & KARATE ASSOCIATION INC

CERTIFICATE OF FITNESS

Full Name:

Address:

.....

Telephone:.....

Email:.....

Date of Birth:..... Sex:.....

Previous Competition History:

.....
.....
.....

DECLARATION

I (name) certify that (contestant) is
*FIT/UNFIT to compete in professional contests.

*Cross out whichever is inapplicable.

Comments:

.....
.....
.....

Signed by:

Name:

Qualification:

Telephone:

Date:

CONFIRMATION OF IDENTITY

I sighted a driver's licence or (*insert other*)as photographic proof of identity of
(*insert name of the professional contestant*) whose fitness is certified
above.

Signature of Medical Practitioner:

Date:



**WORLD KICKBOXING & KARATE ASSOCIATION INC
BLOOD TESTING**

I certify that I have sighted the results of blood testing relating to:

(name of contestant) _____ of

(address of contestant) _____.

The tests are dated: _____

They show that the contestant's blood is infectious to other people or could be expected to be infectious in the next six months with the following viruses:

HIV — *YES/NO

Hepatitis B — *YES/NO

Hepatitis C — *YES/NO

The contestant is therefore *UNFIT/NOT UNFIT to compete in professional contests.

Medical Practitioner: _____

Medical Practitioner's Signature: _____

Qualification: _____

Address: _____

Phone: _____

Date: _____

CONSENT FOR RELEASE OF BLOOD TEST RESULTS

I, (insert name of contestant) _____ of

(address) _____

hereby authorise the release of the results of the required test to the WORLD KICKBOXING & KARATE ASSOCIATION INC and its officers, for the purposes of protecting my health and safety and that of other participants.

Signature of Person Examined: _____

Date: _____

CONFIRMATION OF IDENTITY

I sighted a driver's licence or (insert other) _____ as photographic proof

of identity of (insert name of the professional contestant) _____
whose results are detailed above.

Signature of Medical Practitioner: _____

Date: _____

***Cross out whichever is inapplicable.**