



Fighter Registration Form

Full Contact Promotions is a NY premiere amateur MMA organization. Full Contact Promotions is a proving ground for amateur that provide an outlet for “up and comers!” We welcome all to become part of not only the fastest growing organization in the business, but also to be a competitor in the fastest growing sport in the world! We constantly look to expand our list of talented fighters- Full Contact Promotions is honored to host an event that can display such talent.

Name _____ Address _____

City _____ State _____ Zip _____

Email _____ Phone Number _____

Height _____ Gender _____ Birthday _____

Weight _____ MMA Record _____ Boxing Record _____

Kickboxing Record _____ Muay Thai Record _____ Experience BJJ Level _____

Corners names

1. _____

2. _____

By completing this form you have an understanding of the following (1) You are registering to compete in a combat sport as in all sports there is a risk of injury (2) you acknowledge Full Contact Promotions video tapes all of its events for future play and we reserve the right to use you and your likeness at anytime, we also own the rights to all video and still pictures taken at our events (3) you understand that there are medical requirements to compete (4) you also agree to the Rules and Regulations of Full Contact Promotions (5) you agree that you still hold Amateur Status, (6) intentionally providing false or misleading information is grounds for termination of fight (7) YOU AGREE TO WAIVE FULL CONTACT PROMOTIONS OF ANY LIABILITY FROM INJURY SUSTAINED FROM COMPETING, (9) in the event of injury and promoters insurance is needed to be used, there will be a \$500.00 co payment due by the fighter.

Please Sign Here _____

Date _____

DJ Info Sheet

Name _____

Walk out song First choice _____

Walk out song Second choice _____

Popular songs on I tunes only!

Ring Announcer Information

Name and Nickname (include phonetic spelling e.g siegal= sea-gull)

Age _____ Weight Class _____ Height _____

Gym fighting out of _____

Hometown _____

Win Loss Record ___ Win ___ Loss ___ Draw ___ No contest

Style of Fighter (wrestler, Jiu Jitsu, Muay Thai, Kick Boxer, Boxer)

Other Info (Current or Past Titles) _____