



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) _____



Date: _____

FIGHTER LICENSE APPLICATION

Name: _____

Address: _____
number street city state country postal code

Tel: Home (_____) _____ Work: (_____) _____ Cell: (_____) _____

Email Address: _____

Date of birth: _____ Age: _____ Sex: _____ Height: _____

The Weight Limit Established for This Bout is: _____ lbs. / _____ kgs.

FULL CONTACT KARATE Fight Record: _____ wins _____ losses _____ draws _____ KO's

KICKBOXING Fight Record: _____ wins _____ losses _____ draws _____ KO's

BOXING Fight Record: _____ wins _____ losses _____ draws _____ KO's

MMA Fight Record: _____ wins _____ losses _____ draws _____ KO's

How many combat sports matches have you had in the past two years? _____

Information Regarding Your Last Bout

Date: _____ Location: _____ Opponent: _____

Result _____

Have you been knocked out within the last year? YES / NO

TRAINER / MANAGER INFORMATION - Name: _____

Gym or Studio Name: _____ City / Country _____

Phone: (_____) _____ Email _____



New York State Athletic Commission

New York State
Department of State
State Athletic Commission
123 William Street
New York, NY 10038-3804
Telephone: (212) 417-5700
<https://dos.ny.gov//athletic>
Fax: (212) 417-4987

COMBAT SPORT ATHLETE PARTICIPATION DECLARATION

This form shall be completed by each combatant prior to engaging in any authorized combative sports activity within the State of New York. Each authorized sanctioning entity shall maintain a copy of this record, which shall be available for inspection by any duly authorized New York State Athletic Commission representative. 19 NYCRR §§ 206.18; 214.8.

Today's date:		
Athlete Full Name: First Name Middle Name Last Name		
Athlete's aliases or ring name, if any:		
Date of Birth:		
Date of last bout:	City/State of last bout: City State	
Sanctioning Entity of last bout:		
Bout Outcome:		
Did you suffer any injuries during the bout (if yes, please explain)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Were you suspended after the bout (if yes, indicate duration of suspension)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you participated in ANY combat sport, exhibition, or full contact sparring in the past 7 days? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you currently injured (if yes, please explain)? <input type="checkbox"/> YES <input type="checkbox"/> NO		

By signing this document, I affirm and attest that the information provide above is true and accurate to the best of my knowledge. I reaffirm that I have not participated in any combat sport, exhibition, or full contact sparring in any jurisdiction in the past seven (7) days. I further attest that I am not currently under medical or administrative suspension in any jurisdiction.

PRINT NAME

SIGNATURE

DATE



PHYSICIAN'S PRE-BOUT EXAM BOXING/MIXED MARTIAL ARTS



Legal Name: _____

Date: _____
Last

First

Middle

Federal/National ID#: _____ Annual Medical & Eye Exam Complete: Y N

Temp: _____ Afebrile RR: _____ BP: _____ / _____ HR: _____ SaO2: _____ %

	Normal Abnl			Normal Abnl			Normal Abnl	
Head/Periorbital/CN's	<input type="checkbox"/>	<input type="checkbox"/>	Heart (Rhythm/sounds)	<input type="checkbox"/>	<input type="checkbox"/>	Alertness/Orientation	<input type="checkbox"/>	<input type="checkbox"/>
PERRLA/EOMI/Vision	<input type="checkbox"/>	<input type="checkbox"/>	Lungs/Ribs	<input type="checkbox"/>	<input type="checkbox"/>	Tandem Gait	<input type="checkbox"/>	<input type="checkbox"/>
Jaw/Oropharynx/Teeth	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	Romberg/Pronator Drift	<input type="checkbox"/>	<input type="checkbox"/>
Nose (stability/obstruction)	<input type="checkbox"/>	<input type="checkbox"/>	Upper Extremities	<input type="checkbox"/>	<input type="checkbox"/>	Finger to Nose	<input type="checkbox"/>	<input type="checkbox"/>
Ears/Hearing (grossly)	<input type="checkbox"/>	<input type="checkbox"/>	Lower Extremities	<input type="checkbox"/>	<input type="checkbox"/>	Motor	<input type="checkbox"/>	<input type="checkbox"/>
Neck	<input type="checkbox"/>	<input type="checkbox"/>	Skin (Rashes, infxns)	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____		

(Women only) Pregnancy: Yes No

Abnormalities: _____
I hereby certify that based on the statements made by the participant to me and on the Medical History form, and my physical findings, it is my opinion that said participant IS IS NOT in good physical condition and able to compete in professional boxing/mixed martial arts.

Reason not cleared for competition: _____

Physician's Name, M.D. Signature License No. Date

PHYSICIAN'S POST-BOUT EVALUATION

Won Lost KO TKO Decision Draw DQ NC LOC Choke Submission Suspension: _____

Time of initial evaluation: _____ Fighter stable: Yes No

(No entry indicates grossly normal findings.)

	Normal Abnl			Normal Abnl			Normal Abnl	
Head/Periorbital	<input type="checkbox"/>	<input type="checkbox"/>	Extremities(fractures)	<input type="checkbox"/>	<input type="checkbox"/>	Alertness/Orientation	<input type="checkbox"/>	<input type="checkbox"/>
Nose (stability/epistaxis)	<input type="checkbox"/>	<input type="checkbox"/>	Skin (Lacerations)	<input type="checkbox"/>	<input type="checkbox"/>	HR	_____	
Neck	<input type="checkbox"/>	<input type="checkbox"/>	Neuro (Grossly)	<input type="checkbox"/>	<input type="checkbox"/>	SaO2	_____ %	
Chest (Grossly)	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____					

Abnormalities: _____

Mechanism of Injury/Diagnoses: _____

Advised to report for second evaluation in 30 minutes: Yes No Athlete failed to report for second evaluation

Results/time of second evaluation: _____

Recommended Medical Attention:

Immediate evaluation in an Emergency Department – Sent to ED at: _____

Other: _____

Boxer refuses advice of physician

Comments: _____

Physician's Name, M.D. Signature License No. Date

I Certify that I have given the Ring Doctor true and accurate information. I understand that boxing/MMA is a potentially dangerous sport that can result in injuries, including but not limited to brain damage, paralysis, and death. I also agree to allow the doctor to treat me for injuries that occur during the event.

Fighter's signature: _____ date _____

ISKA COMPETITOR RELEASE AGREEMENT

Effective **January 22, 2010** the International Sport Karate Association Inc., a Florida corporation, **Full Contact Promotions, INC** and all of their respective owners, directors, officers, employees, agents, licensors, and licensees, hereafter known as the "Protected Parties", and

_____ ("Competitor"), agree that, in exchange for the ISKA's agreement to sanction the martial arts event to be held on ___/___/___ at **Tim Hortons Iceplex, Rochester, NY**. (the "Event"), and the Protected Parties' agreement to record Competitor's performance in the Event, Competitor will release the Protected Parties from liability for any damages suffered by Competitor in connection with the Event, and from liability for any compensation to Competitor for the use of Competitor's name and likeness. Competitor and the Protected Parties agree that the consideration granted to each under this release is sufficient to be legally binding; that the parties to be bound shall include each party's' representatives, heirs, executors, administrators, assignees, and any other parties seeking to claim through one of the parties; and that each party will be bound by the following provisions:

1. **ASSUMPTION OF RISK.** Competitor is fully aware of the risks involved in martial arts competition in general, and any additional risks peculiar to the specific competition Competitor will be participating in at the Event. Competitor warrants that he is fully qualified and prepared to participate in the Event, and that his health is such as to place no unusual risks on his participation. Competitor therefore agrees to assume all risks attendant to, or resulting from, his participation in the Event.
2. **COVENANT NOT TO SUE AND ASSIGNMENT OF CLAIMS.** Competitor releases and forever discharges the Protected Parties from any demand or claim in any way resulting from Competitor's participation in the Event. Competitor agrees not to commence, prosecute, or permit to be prosecuted, any action in law or equity, against the Protected Parties, for any injury or damages sustained as a result of Competitor's participation in the Event, whether or not such injury or damages may be the result of active or passive negligence by the Protected Parties. Competitor also assigns to the Protected Parties any claims Competitor may bring against any parties not specifically protected by this agreement for injury or damages in any way related to Competitor's participation in the Event.
3. **INDEMNIFICATION.** Competitor will indemnify the Protected Parties from any claims brought by any parties attempting to claim through Competitor or attempting to bring claims in any way related to Competitor's participation in the Event.
4. **MODEL RELEASE.** Competitor grants to the Protected Parties the unrestricted right to record, edit, and compile Competitor's participation in the Event in any way desired by the Protected Parties, and to sell, distribute, or otherwise utilize the recording in any manner desired by the Protected Parties. Competitor agrees the consideration listed in this agreement is sufficient for this grant of rights, and Competitor will not seek additional compensation, regardless of the outcome of the efforts of the Protected Parties to sell or distribute the recording.
5. **MISCELLANEOUS.** Competitor warrants that he has read and fully understands this agreement, is of legal age to contract, and has had the opportunity to seek legal advice before signing. This agreement shall be governed by Florida law, with venue for any disputes to be in Alachua County, Florida. Any provisions of this agreement found to be unenforceable by law shall be considered severed, with the remainder of this agreement to continue in full force and effect. This agreement represents the entire understanding between the parties regarding the subject matter hereof.

Effective this ___/___/___

Signature of Competitor