

President: Ms L Sassen-Tui
Mobile No: +61 420464601
Email: lucytui@hotmail.com

Vice President: Glen Baragry
Mobile No: +61 417423166
Email: baragry@bigpond.com

International



COMPETITORS PRE-FIGHT MEDICAL REPORT

APPLICANT'S FULL NAME: _____

ADDRESS: _____

_____ POST CODE: _____

EMAIL ADDRESS: _____ PHONE: _____

SIGNATURE: _____ DATE: _____

SEROLOGY REPORT: PLEASE CIRCLE

HEPATITIS B POSITIVE / NEGATIVE

HEPATITIS C POSITIVE / NEGATIVE

COMMENTS: _____

H.I.V. POSITIVE / NEGATIVE

COMMENTS: _____

MEDICAL PRACTITIONER CONTACT INFORMATION / RELEASE (DOCTOR TO COMPLETE)

NAME: _____

ADDRESS: _____

_____ PROVIDER NUMBER: _____

EMAIL ADDRESS: _____ PHONE: _____

SIGNATURE: _____ DATE: _____

RELEASE OF INFORMATION

I (Print Name) _____, hereby release the information contained in this document to the Promoter and the officers of the Sanctioning body concerned.

Signature: _____

Date: _____

Promoting ~ Kickboxing ~ K-1 ~ Mod Thai ~ MMA

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HAVE YOU PREVIOUSLY OR DO YOU SUFFER FROM:

FAINTING	YES / NO	EPILEPSY	YES / NO
RHEUMATIC FEVER	YES / NO	NERVOUS DISORDERS	YES / NO
SEVERE HEADACHES	YES / NO	MIGRAINE HEADACHES	YES / NO
RENAL OR BLADDER DISEASE	YES / NO	ASTHMA, BRONCHITIS, PLEURISY	YES / NO
MENTAL ILLNESS OR DISABILITY	YES / NO	HIGH OR LOW BLOOD PRUESSURE	YES / NO
ANY OTHER INJURY OR DISORDER	YES / NO		

COMMENTS: _____

EXAMINATOION COMPARISON

Mark: N=Normal A=Abnormal NPE=No Previous Examination

EYES _____ HEARING _____ LUNGS _____ HEART _____ FEET _____ SPINE _____ ABDOMEN _____

VISUAL FIELDS _____ UPPER EXTREMITIES _____ LOWER EXTREMITIES _____ NEVOUS SYSTEM _____

OTHER _____ COMMENTS _____

FRAME: large medium small WEIGHT _____ kgs HIGHT _____ cms WAIST _____ cms CHEST _____ cms

CHEST EXP _____ cms BLOOD PRESSURE _____ /

URINALYSIS: ALBUMIN _____ SUGAR _____ PROHIBITED DRUGS: _____

HEAD FACE GUMS

IS THERE ANY EVIDENCE OF A CHANGE IN CHARACTER, MEMORY, ATTENTION SPAN, INTELLIGENCE OR A TENDENCY TO VIOLENCE OUTSIDE THE COMPETITIVE AREA?

COMMENTS: _____

THIS MEDICAL FORM AND THE INFORMATION HEREIN IS TO REMAIN CONFIDENTIAL AND SECURELY STORED BY THE PROMOTER FOR A PERIOD OF 12 MONTHS FROM THE DATE OF SIGNING.

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International



REGISTRATION FORM

NAME: _____

ADDRESS: _____

_____ POST CODE: _____

PHONE (home): _____ WORK: _____

OPUPATION: _____

DATE OF BIRTH: _____ WEIGHT: _____ HEIGHT: _____

YEARS OF EXPERIENCE: _____

PRO: _____ AMATEUR: _____ TITLES: _____

PRO RECORD: _____ AMATEUR RECORD: _____

TRAINERS NAME: _____ TRAINERS PHONE NO: _____

NAME OF GYM: _____

If you are 17 years old or younger this section must be signed by your parent or legal guardian.

I, _____ certify that I am the parent/legal guardian

Of _____ who is _____ years of age and that he/she has my consent to join the

International World Kickboxing Federation.

Signature _____ Date _____

Address of Parent/legal guardian _____

_____ Postcode _____ Phone Number _____

DECLARATION: I understand that the International World Kickboxing Federation is in no way responsible for injuries of any type to myself, family or associates while travelling to and from and while attending and/or participating in the activities held by the International World Kickboxing Federation in any way whatsoever.

I hereby agree to abide by the rules and regulations of proposed sanctioning body and the International World Kickboxing Federation.

Applicant's signature: _____ Date: _____

1. Complete registration form.
2. Complete Full Medical
3. 2 Passport Photos
4. Registration Fee of \$50.00 per year.

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