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REGISTRATION FORM

NAME: _____

ADDRESS: _____

_____ POST CODE: _____

PHONE: (home): _____ WORK: _____

OCCUPATION: _____

DATE OF BIRTH: _____ WEIGHT: _____ HEIGHT: _____

YEARS OF EXPERIENCE: _____

PRO: _____ AMATEUR: _____ TITLES: _____

PRO RECORD: _____ AMATEUR RECORD: _____

RECORD OF DISCIPLINE FOUGHT (EG: KB,K1,MT,FT,MMA): _____

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 traveling 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 \$20 for 3 years