



## FIGHTERS REGISTRATION

**Legal Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Date Of Birth:** \_\_\_\_\_

**Drivers License Number:** \_\_\_\_\_

**Weight:** \_\_\_\_\_

**Have you fought in a PRO event in any state?** YES or NO

**Amateur Record:** Wins \_\_\_\_\_ Losses \_\_\_\_\_ Draws \_\_\_\_\_

**Pro Record:** Wins \_\_\_\_\_ Losses \_\_\_\_\_ Draws \_\_\_\_\_

**Training Camp:** \_\_\_\_\_ **Coach :** \_\_\_\_\_

By signing below, fighter is acknowledging he/she is entering a Mixed Martial Arts, Boxing, or Kickboxing contest. You are being made aware that this is a dangerous combat sport, and bodily harm is a high risk. I am also not under any suspensions. You are agreeing to fight under Florida Athletic Commissions rules and regulations for Amateur MMA, Kickboxing, and Boxing. You are releasing Global Fighting Solutions and promotion company from any liability that may occur.

**Fighter Signature**

**Date**

\_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

IDENTIFICATION VERIFIED   
HIPAA FORM SIGNED   
WEIGHT VERIFIED   
BLOODWORK VERIFIED   
RECORD VERIFIED   
MEDICALS COMPLETED

**DOCTORS APPROVAL (INITIALS)**

BLOODWORK: \_\_\_\_\_  
EYE EXAM: \_\_\_\_\_  
PHYSICAL: \_\_\_\_\_

GLOBAL FIGHTING SOLUTIONS

DATE

\_\_\_\_\_