



FIGHTERS REGISTRATION

Name: _____

Address: _____

Phone Number: _____

Date of Birth: _____

Drivers License Number: _____

Phone number: _____

Weight: _____

Pro Record: Wins _____ Losses _____ Draws _____

Training Camp: _____ Coach _____

By signing below, fighter is acknowledging he/she is entering a mixed martial arts (MMA) 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 Boxing Commissions rules for Amateur MMA and/or Kickboxing. You are releasing Global Fighting Solutions and promotion company from any liability that may com.

FIGHTERS SIGNATURE _____ **DATE** _____

X _____

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 _____