



**CURRENTLY IKF LICENSED FIGHTER**  
**IKF FIGHTERS INFO & UPDATE FORM**  
**"PLEASE PRINT NEATLY"**  
**IF WE CANNOT READ YOUR PRINTING**  
**YOUR BOUT WILL BE CANCELLED!**

**IKF USE ONLY**

BOUT: \_\_\_\_\_  
 CORNER: \_\_\_\_\_

1. FIRST & LAST NAME \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.
2. \_\_\_ Male \_\_\_ Female / Height: \_\_\_'\_\_\_" / Birthday (Month, Day & Year): \_\_\_/\_\_\_/\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_
4. **MANDATORY:** YOUR Contact Number: (\_\_\_\_\_) \_\_\_\_\_
5. DATE OF THIS EVENT: M:\_\_\_\_\_ D:\_\_\_\_\_ YR:\_\_\_\_\_ EVENT CITY: \_\_\_\_\_ STATE: \_\_\_\_\_
6. WHEN WAS YOUR LAST BOUT: \_\_\_ / \_\_\_ / \_\_\_ WHERE: \_\_\_\_\_ RESULT: \_\_\_\_\_
7. ARE YOU UNDER ANY SUSPENSION BY ANY STATE COMMISSION OR SANCTIONING BODY? \_\_\_\_\_  
 IF SO EXPLAIN: \_\_\_\_\_
8. EVER FOUGHT AS A PRO FIGHTER? \_\_\_\_\_ EVER BEEN KNOCKED OUT AND IF SO, WHEN: \_\_\_\_\_
9. AMATEUR FIGHT RECORD WITH WINS BY KO/TKOS - IF ANY - IF NO FIGHTS WRITE -0- IN ALL BLANKS
  - KICKBOXING \_\_\_\_\_ WINS \_\_\_\_\_ LOSES \_\_\_\_\_ DRAWS \_\_\_\_\_ WINS BY KO/TKO
  - MUAY THAI \_\_\_\_\_ WINS \_\_\_\_\_ LOSES \_\_\_\_\_ DRAWS \_\_\_\_\_ WINS BY KO/TKO
  - SMOKER / IN GYM \_\_\_\_\_ WINS \_\_\_\_\_ LOSES \_\_\_\_\_ DRAWS \_\_\_\_\_ WINS BY KO/TKO
  - MMA \_\_\_\_\_ WINS \_\_\_\_\_ LOSES \_\_\_\_\_ DRAWS \_\_\_\_\_ WINS BY KO/TKO
  - PANKRATION \_\_\_\_\_ WINS \_\_\_\_\_ LOSES \_\_\_\_\_ DRAWS \_\_\_\_\_ WINS BY KO/TKO
  - BOXING \_\_\_\_\_ WINS \_\_\_\_\_ LOSES \_\_\_\_\_ DRAWS \_\_\_\_\_ WINS BY KO/TKO
10. TRAINERS NAME: (List SELF if you train yourself) \_\_\_\_\_
11. **MANDATORY:** Trainers/Contact Number: (\_\_\_\_\_) \_\_\_\_\_
12. FEMALES ONLY: Are you Pregnant? \_\_\_ YES \_\_\_ NO

**PREGNANCY ADVISORY NOTICE ALERT:** If you participate in combative sports when you are pregnant you could have a miscarriage or you and or your fetus could suffer permanent injury or death. The **IKF** cannot force you to have a pregnancy test as a requirement for licensing or before a bout. However, the **IKF** strongly urges you to be tested before each of your bouts. The **IKF** strongly urges you to not compete if you know or think you may be pregnant. The **IKF** informs you that the **IKF** or any of its agents and the physician who conducts your pre-bout examination(s) is not responsible for any injury that you and or your fetus suffers if you compete when you are pregnant.

This is a Legal Amateur Status Confirmation Form binding You as the FIGHTER, The **IKF** (*International Kickboxing / Muay Thai Federation*) The Event Promoter & any & all companies, federations or organizations associates, officials, employees & staff related to the FIGHTER AND The EVENT named above. You hereby consent & agree to completely accept alone any & all Fines, Suspensions & Disciplinary Actions if you are found to be untruthful on ANY of the Questions below & You verify and confirm all of the below statements by signing your full and legal name below. **READ IT CAREFULLY AND OBTAIN LEGAL ASSISTANCE IF YOU DO NOT UNDERSTAND IT.**

**VOLUNTARY APPLICATION.** I acknowledge and state that I have ACCEPTED to compete in the above EVENT on the DATE ABOVE **as an AMATEUR Fighter.** I confirm under penalty or perjury that as of the EVENT DATE noted above and below, **I have Never been Paid, Contracted or Fought as a Professional** Kickboxer, Muay Thai Fighter, Mixed Martial Arts Fighter or Professional Boxer EVER.

**PENALTY, FINES & SUSPENSIONS FOR PRO FIGHTERS FIGHTING AS AN AMATEUR:** I fully understand that if I have not been truthful with any of the above questions that I will be responsible for the following MINIMUM disciplines: Fined \$1,000.00 by the **IKF**, Suspended for a minimum of 90 days. In addition, I also fully understand that if I have not been truthful with any of the above questions that my Trainer listed above shall face the following disciplines: Fined \$1,000.00 by the **IKF**. Suspended for a minimum of 90 days. Suspension Time lengths & Fine Amounts determined within 1-3 days by the **IKF**.

**INJURY SUSPENSIONS:** Have you suffered any knockouts (KO's), technical knockout's (TKO's), or loss of consciousness **IN THE LAST 30 DAYS PRIOR TO THIS EVENT** during a bout, sparring or in any other activity? \_\_\_ YES \_\_\_ NO

If yes, please list and give dates and details: \_\_\_\_\_

I declare under penalty of perjury under the rules and regulations of the **IKF**, that all provided information on this form is true and correct AND I realize that any intentional misrepresentation may result in disciplinary action against me.

Executed on the \_\_\_\_\_ day of the month of \_\_\_\_\_, in the year 20\_\_\_\_\_.

FIGHTER: \_\_\_\_\_ Print Name: \_\_\_\_\_

TRAINER: \_\_\_\_\_ Print Name: \_\_\_\_\_

PLEASE RETURN THIS FORM TO THE IKF EVENT REPRESENTATIVE ONCE COMPLETED  
 www.IKFMuayThai.com - www.IKFKickboxing.com - www.USAMuayThai.org - www.USAKickboxing.org