

ISCF AMATEUR FIGHTER INFORMATION & CONFIRMATION FORM

BOUT: _____

ALL LINES ARE MANDATORY - ANY LEFT BLANK WILL DROP YOU FROM THIS EVENT

WT: _____

PLEASE FILL IN ALL BLANKS AND PRINT CLEARLY!

EVENT DATE: ____/____/____

FIGHTERS FULL - LEGAL NAME: _____ AGE: _____

FIGHTERS DRIVERS LICENSE NUMBER - STATE: _____ DL#: _____

FIGHTERS DATE OF BIRTH: ____/____/____ - CITY: _____ STATE _____

FIGHTERS CONTACT PHONE NUMBER: _____ HT: ____' ____"

FIGHTERS TRAINERS NAME - IF ONE: _____

FIGHTERS TRAINERS CONTACT NUMBER - IF ONE: _____

PROMOTERS NAME: _____ EVENT NAME: _____

MMA RECORD: W:____ L:____ D: ____ / KICKBOXING REC: W:____ L:____ D: ____ / BOXING REC: W:____ L:____ D: ____

This is a Legal Amateur Status Confirmation Form binding You, The FIGHTER named above, The ISCF (International Sport Combat Federation) The Promoter named above and any and all of these companies, federations or organizations associates, officials, employees and staff related to the FIGHTER AND EVENT named above. You hereby consent and agree to completely accept alone any and all Fines, Suspensions and Disciplinary Actions if you are found to be untruthful on ANY of the Questions below and You verify and confirm all of the below statements by placing your initials at each numbered item as well as signing your full and legal name below.

READ IT CAREFULLY AND OBTAIN LEGAL ASSISTANCE IF YOU DO NOT UNDERSTAND IT.

- VOLUNTARY APPLICATION. I, the undersigned, acknowledge and state that I have ACCEPTED to compete in the EVENT NAMED ABOVE on the DATE NAMED 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, Mixed Martial Arts Fighter or Professional Boxer EVER.
 - I have Never been Paid, Contracted or Fought as a Professional in ANY Full Contact Fight Sport 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 disciplines:
 - Fined \$1,000.00 by the ISCF.
 - Suspended for a minimum of 60 days up to 12 months by the ISCF.
 - The time of suspension & amount of the Fine will be determined at time of infraction by the ISCF.
 - 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 ISCF.
 - Suspended for a minimum of 60 days up to 12 months by the ISCF.
 - The time of suspension & amount of the Fine will be determined at time of infraction by the ISCF.
- I hereby agree that this Amateur Status Confirmation shall be interpreted under and construed in accordance with the Amateur Definition as noted by the ISCF of the definition of a Professional Fighter and Amateur Fighter as follows:
 - AMATEUR DEFINITION: One who engages in an activity as a pastime rather than as a professional; one who lacks expertise.
 - AMATEUR IN SPORTS: An athlete who has never participated in competition for money. An athlete who is not paid for his/her performance. An athlete at the beginning learning levels of his/her career.
 - PROFESSIONAL DEFINITION: Performed by persons receiving pay. An expert in a field of endeavor. PROFESSIONAL IN SPORTS: An athlete who is paid for his/her performance. Paid for their excellence of experience, knowledge and ability of their given sport. An athlete who plays for pay.
- Knowing and Voluntary Execution 1. I hereby declare that I have read this Amateur Status Confirmation Form in full and that I fully understand the meaning and importance of its contents. I acknowledge that this Amateur Status Confirmation Form is a binding confirmation among myself, the ISCF (International Sport Combat Federation) and the PROMOTER named above and any and all of these companies, federations or organizations associates, officials, employees and staff.
- Knowing and Voluntary Execution 2. I further declare and represent that I am at least 18 years of age, that I have full legal capacity to be bound by this Amateur Status Confirmation Form, and that I am signing this Amateur Status Confirmation Form of my own free will and accord.
- KO - TKO - INJURY SUSPENSIONS**
 - Have you ever suffered any knockouts (KO's), technical knockout's (TKO's), or any kind of loss of consciousness in the last 30 DAYS prior to the date of this event during a bout, sparring or in any other activity?
 - ____YES____NO - If yes, please list and give dates and details: _____
 - ____ - I am not under any Medical Suspension by any Sanctioning body, boxing or Athletic Commission or Medical supervisor of any kind.
 - ____ - I am not under any Disciplinary Suspension by any Sanctioning body, boxing or Athletic Commission or Medical supervisor of any kind.
 - ____ - I have not been Knocked Out, had my fight stopped due to excessive blows or sustained any head injuries that may have caused loss of consciousness within the last 30 days.
- 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 ISCF cannot force you to have a pregnancy test as a requirement for licensing or before a bout. However, the ISCF strongly urges you to be tested before each of your bouts. The ISCF strongly urges you to not compete if you know or think you may be pregnant. Through this notice the ISCF informs you that the ISCF 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.

FIGHTER & TRAINER - PRINT NAMES

I, (FIGHTER) _____, & TRAINER _____ declare under penalty of perjury under the rules and regulations of the ISCF, that the foregoing information is true and correct; further I realize that any intentional misrepresentation may result in disciplinary action against me. Executed in the City & State as listed above on the ____ day of the month of _____, in the year 20 ____.

FIGHTER SIGN: _____ Print Name: _____

TRAINER SIGN: _____ Print Name: _____