

IKF CALIFORNIA AMATEUR FIGHTER LICENSE APPLICATION FORM
THIS IS A TEMPORARY LICENSE UNTIL APPROVED AFTER YOUR FIRST EVENT!

You May Apply At The Weigh-Ins of the Event You Are Booked On OR You Can Mail In Your License Form. For Mailing In, Print out This form & Mail to the IKF with Your Fee To IKF, P.O. Box 1205, Newcastle, CA, 95658. Your YEARLY FIGHTER LICENSE FEE IS

IKF STAFF USE ONLY

\$40.00 PER **ANNIVERSARY YEAR

(**) 365 DAYS FROM WHEN YOU REGISTERED - 1 FULL YEAR

LICENSE APPLICATIONS WITHOUT FEES WILL BE DISPOSED OF.

• SENT: ___/___/___
 • REC: ___/___/___
 • PAID: \$_____

----- "PLEASE PRINT NEATLY" -----

IF WE CANNOT READ YOUR PRINTING, YOUR APPLICATION WILL BE DENIED!

1: FIGHTER'S FIRST NAME

2: FIGHTER'S LAST NAME

3: AGE Birthday (Month, Day & Year): / / MALE FEMALE

4: P.O. Box Or Physical Street Number: _____

5: CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

6: Your Average Weight: lbs. - Height: ' "

7: YOUR Contact Number: () -

8: Have you ever used any other name(s)? ___YES ___NO

9: If yes, list name(s):

10: Trainers Name: (List SELF if you train yourself)

11: MANDATORY: Trainers/Contact Number: () -

12: **MANDATORY - "LIST ALL BOUTS" AND ENTIRE FIGHT RECORD - IF NONE PLEASE WRITE -0- IN ALL BLANKS**
AMATEUR FIGHT RECORD WITH WINS BY KO/TKOS - IF ANY -

- KICKBOXING ___ WINS ___ LOSES ___ DRAWS ___ WINS BY KO/TKO ___ NO CONTESTS / DQ
- MUAY THAI ___ WINS ___ LOSES ___ DRAWS ___ WINS BY KO/TKO ___ NO CONTESTS / DQ
- MMA ___ WINS ___ LOSES ___ DRAWS ___ WINS BY KO/TKO ___ NO CONTESTS / DQ
- PANKRATION ___ WINS ___ LOSES ___ DRAWS ___ WINS BY KO/TKO ___ NO CONTESTS / DQ
- BOXING ___ WINS ___ LOSES ___ DRAWS ___ WINS BY KO/TKO ___ NO CONTESTS / DQ
- SMOKER / IN GYM / PKB / SEMI CONTACT: ___ NUMBER OF BOUTS

13: Have you ever been disqualified in any competition? ___YES ___NO

14: If yes, please explain: _____

15: Upcoming Fight Date (If One) ___/___/___ - Upcoming Fight Promoter: _____

16: Upcoming Fight City & State: _____

17: Last Opponent (If one): _____
 Where: _____ Date of Bout: ___/___/___ Result (Win or Lose etc): _____

18: **MEDICAL:** Have you suffered any knockouts (KO's), technical knockout's (TKO's) loss of consciousness or been stopped or injured **IN THE LAST 60 DAYS PRIOR TO THIS EVENT** in a bout, sparring or in any other activity? ___YES ___NO

19: Have you ever fought as a PRO or been Paid in ANY Fight or Striking Sport (Boxing, MMA, Muay Thai Kickboxing)?: _____

20: Are you currently under any MEDICAL or DISCIPLINARY Suspension from ANY fight Sport?: _____

21: Are you currently licensed with the IKF, California State Athletic Commission or any other State Athletic / Boxing Commission? ___ If So, please provide the following information for each license:

<u>TYPE OF LICENSE</u>	<u>YEAR OF LICENSE & STATE</u>
_____	_____
_____	_____



21: EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____ Contact# _____

22: I certify the above is true by my signature here: _____, Date: ___/___/___