



# CONTESTANTS FORM

## EVENT INFORMATION

Event Name:	
Event Day:	Event Date:
Venue:	
VAMAA Representative:	

## CONTESTANT INFORMATION

Are you a member of VAMAA?		If yes, License No:				
		If no, a \$50 fee to join VAMAA is required		PAID / UNPAID		
Last Name:			First Name:			
Address:						
State:	Postcode:	Mobile:		Email:		
DOB:	Age:	Sex: M / F		Height (cm):	Weight (kg):	
Emergency Contact Name:			Emergency Contact Mobile:			
Training (years)	Amateur (years):		WIN	LOSS	DRAW	KO
	Professional (years):		WIN	LOSS	DRAW	KO
Participation Style:	Boxing	Kickboxing	MMA	Muaythai		
	Other:			Rank/Level:		
Have you ever suffered concussion?		YES / NO	If yes, date of the most recent:			
Medical Conditions:						
Size of Singlet:	X-Small	Small	Medium	Large	X-Large	Please Circel.

## TRAINER INFORMATION

Last Name:		First Name:	
Mobile:		Email:	
Gym Name:			
Gym Address:			
		State:	Postcode:

**IMPORTANT INFORMATION : PLEASE TURN OVER**



# VAMAA

Victorian  
Amateur  
Martial  
Arts  
Association



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## CONDITIONS OF PARTICIPATION

I, the undersigned, hereby declare that I have read this application and that all answers to questions are true and complete and I agree to the following:

- I am aware, understand and acknowledge that Combat Sports is a dangerous and hazardous activity and I am voluntarily and of my own free will competing in the Event and on the Date stated above with full knowledge and understanding of the possible risks
- I hereby acknowledge and understand that participating in the Event involves extreme physical activity and physical contact and that I have been advised to consult a Medical Practitioner before undertaking such activity. I hereby represent that I am in good physical health and condition to participate in the Event.
- I understand that by participating in the Event that I am engaging in an abnormally dangerous activity which subjects me to a risk of severe injury or death. In full acknowledgement of the risks, I nonetheless agree to enter into the Event and this agreement and hereby expressly relieve the sanctioning body Victorian Amateur Marital Arts Association Inc (VAMAA), its agents and employees from any responsibility including any claim, loss or damage which may arise as a result of participation in this Event.
- I agree to abide by the rules and regulations by which the Event will be conducted and accept any and all decisions resulting within the Event.

If you are a VAMAA member please bring your VAMAA Registration Book to both the weigh-in and the Event. If you are not a VAMAA member registration will be conducted on the night of the weigh-in and you will receive a Registration Book which you will use in future VAMAA contests.

In either case, ensure your Fitness Certificate and Blood Tests are current, that is, within 6 months of the Event. If you require new a Fitness Certificate and Blood Tests ensure the appropriate VAMAA forms are signed by a Medical Practitioner before the weigh-in and you have the results of the Blood Tests and the signed forms at the weigh-in. Blood Tests required are HIV, Hepatitis B and Hepatitis C.

Contestant Name:	
Contestant Signature:	Date:

## IF UNDER THE AGE OF 18 YEARS:

**GUARDIAN MUST READ and sign on behalf of the Contestant**

Guardian Name:	
Relationship to Contestant:	Mobile:
Guardian Signature:	Date:



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