

Combat Sports League

WKA USA Registration

Fighter Registration

First Name: _____ Last Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Country: _____

Phone : () _____ Email: _____

Date of Birth: _____ Weight: _____ Height: _____ Male Female

Do you have a WKA license? yes no

Do you have a Health Insurance? yes no

If so, with what company? _____

Gym: _____

Trainer: _____

Gym Address: _____ City: _____

State: _____ Zip: _____ Country: _____

Gym Phone: _____ Gym Fax: _____

Gym Email: _____ Gym Website: _____

How long have you been with this gym? _____

How long have you studied martial arts? _____

Fight Experience

Amateur Record

Muay Thai Record: Win _____ Loss _____ KO _____

Kickboxing (Low-Kick) Record: Win _____ Loss _____ KO _____

Full Contact Record: Win _____ Loss _____ KO _____

Mixed Martial Arts Record: Win _____ Loss _____ KO _____

Professional Record

Muay Thai Record: Win _____ Loss _____ KO _____

Kickboxing (Low-Kick) Record: Win _____ Loss _____ KO _____

Full Contact Record: Win _____ Loss _____ KO _____

Mixed Martial Arts Record: Win _____ Loss _____ KO _____

Last Three Fights

Date/Location	Type/Division	Result
<i>i.e. 01-16-97/Richmond, VA</i>	<i>Thai Style/159-165 lbs.</i>	<i>Won - KO 2nd Round</i>

1) _____

2) _____

3) _____

Titles (list titles and date won) _____

Have you fought for the WKA before? yes no

If so, please list event, date, and location _____

Additional Information _____

I agree to be drug tested and to abide by the U.S. Anti-Doping Agency's Protocol for Olympic Movement Testing and the AIBA drug testing rules. _____ (Please initial here.)

Have you ever competed professionally? yes no