

**Québec Amateur Kick-Boxing Corporation
and Associated Disciplines Inc.**

4545, Pierre – de – Coubertin av.

P.O. Box 1000 Succ. M

Montreal, Qc, H1V 3R2

Contestant's Identification Form

Name: _____

Firstname: _____

Member's Number: 00101_____

Address: _____
Number Street Apartment

City Zip Code

Telephone: (____) ____ - ____ **Cel.:** (____) ____ - ____

Internet address: (E-Mail) : _____

Date of birth: ____ / ____ / 19 ____
Month Day

Trainer's Name: _____

Actual Weight: _____ lbs or _____ kgs

Experience of training in kick-boxing: _____
Months Years

Kick-boxing or boxing numbers of fight: _____
(specified in which) Win Lost Draw

If experience in martial art, in which style: _____
which degree : _____ **number of competitions:** _____

Signature: _____ **Date** _____ **201**_____
(Contestant's signature)

Signature of the holder of the parental authority: _____
(if the fighter is minor)

Authorization to fight

I, _____ the undersigned, trainer recognized
(trainer's name)
or certified by the Quebec Amateur Kick-Boxing Corporation and
Associated Disciplines Inc. declare that: _____,
(contestant's name)
has, under my direction successfully completed an amateur kick-boxing
training course.

I consider him fit to enter competitions as an amateur kick-boxer

As of today, and I have signed: _____

Trainer's signature

Date : _____ 201__

Clause of recognition and acceptance of the risks inherent in amateur kick boxing

I, undersigned : _____ and I, undersigned as
(contestant)
holder of the parental authority: _____
do hereby declare that I or We have studied the regulations of the
Quebec Amateur Kick-Boxing Corporation and Associated Disciplines
Inc. and recognize that, despite the stringency of these regulations,
accidents may occur. I (we) accept the risk inherent in amateur kick
boxing, as governed by this agency, and absolve the corporation of all
responsibility for any accident or incident occurring during an
organized activity supervised by the corporation and waive all recourse,
actions or claims: and I (we) have:

Signed in : _____

In date of the : _____ 201__ _____

(contestant's signature)

If fighter is a minor: _____
(signature of the holder of the parental authority)