



ISKA REGISTRATION FORM

NSW Kickboxing division
PO Box 217 Speers Point 2284

I wish to register as : **TRAINER / SECOND / FIGHTER**
(Please circle)

Name: _____
Family Name Given Name

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: _____ Date of Birth : ____ / ____ / ____

To be completed if you are represented by a trainer or agent.

Trainer or Agent Name: _____ Telephone: _____

Address : _____

FIGHT RECORD AND EXPERIENCE :

Martial Arts				Boxing				Kickboxing			
Years training											
Kung Fu / Ring Karate				Amateur / Professional				Kickboxing / Maui Thai			
Win	Loss	Draw	Total	Win	Loss	Draw	Total	Win	Loss	Draw	Total

INSTRUCTIONS

1. Completed registration form
2. Completed medical form
3. Payment of \$40:00

PAID	OFFICE USE ONLY	REG/NO
yes no	Date	
Medical	yes no	

Handed in or posted to the National Director Robert Murdoch PO Box 217 SPEERS POINT 2284

I hereby declare I am an amateur according to the definition of the International Sports Karate association which is as follows:
 "An amateur is one who has never competed for a money prize , staked bet , declared wager , or who has not knowingly or with out protest competed with or against a professional for a prize of any description".
 "I hereby acknowledge that I am taking part in the competition at my own risk entirely , and I hereby undertake not to make any claim against the International Sports Karate Association nor against any member of the association for any injures that may be incurred by me".
 "I the under signed attest to the factuality of the information contained on this form . I also understand that any false information can lead to the cancellation of my membership.

SIGNATURE _____ DATE ____ / ____ / ____