

STATE OF NEW JERSEY

STATE ATHLETIC CONTROL BOARD

AMATEUR KICKBOXING CONTESTANT FORM

(Form must be filled out completely)

Date of Event   /  /   Name of Event \_\_\_\_\_

Contestant Full Legal Name \_\_\_\_\_

Alias \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of Birth   /  /  

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Email \_\_\_\_\_

Phone Number \_\_\_\_\_

Full Home Address \_\_\_\_\_

CONTESTANT CERTIFICATION: I hereby certify that I am skilled enough, healthy, and ready to compete in this amateur kickboxing competition. I further certify that I have not engaged in any professional or professional rules style kickboxing competition; and that I have not been paid to compete.

SIGNATURE \_\_\_\_\_

Trainer Name \_\_\_\_\_

Trainer's School Name \_\_\_\_\_

Full School Address \_\_\_\_\_

Trainer's Phone Number \_\_\_\_\_

TRAINER CERTIFICATION: I, \_\_\_\_\_, hereby certify that Fighter is skilled enough, healthy, and ready to compete in this amateur kickboxing competition. I further certify that fighter has have not engaged in any professional or professional rules style kickboxing competition; and has not been paid to compete.

TRAINER SIGNATURE \_\_\_\_\_