

**STATE OF NEW JERSEY
STATE ATHLETIC CONTROL BOARD
AMATEUR MUAY THAI CONTESTANT FORM
(Form must be filled out completely)**

Date of Event: / / Name of Event: _____

Fighter Full Legal Name: _____

Alias: _____

Fighter Date of Birth: / /

Height _____ Weight _____

Fighter Home Address: _____

Fighter Phone Number: _____

FIGHTER CERTIFICATION: I hereby certify that I am skilled enough, healthy and ready to compete in this Amateur Muay Thai competition. I further certify that I have not engaged in any Professional or Professional Rules Style Muay Thai competitions and that I have not been paid to compete.

FIGHTER SIGNATURE: _____

Trainer Name: _____

Trainer School: _____

School Address: _____

Trainer Contact Number: _____

TRAINER CERTIFICATION I, _____
hereby certify that Fighter is skilled enough, healthy and ready to compete in this Amateur Muay Thai competition. I further certify that Fighter has not engaged in any Professional or Professional Rules Style Amateur Muay Thai competitions and has not been paid to compete.

TRAINER SIGNATURE: _____

1) Has Fighter ever competed in a Combative Sports contest in any jurisdiction? If yes, please list all dates, location, and result: If none. State none.