

**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: ____ / ____ / ____
Month Day Year

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** ____ / ____ / ____
(Contestant's signature) Month Day Year

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: _____, has, under my direction
(contestant's name)
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 : _____ 200__

Clause of knowledge of the regulations

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.

Signed in : _____

In date of the : _____ 200__ _____
(contestant's signature)

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