



ATHLETE 7-DAY PARTICIPATION DECLARATION

First Name: _____ M.I. _____ Last Name: _____

Alias or Ring Name if Applicable: _____

DOB: _____ Age: _____ Gender: _____ Date of examination: _____

| RECENT BOUT INFORMATION | |
|--|--|
| DATE OF LAST BOUT: | |
| LOCATION (CITY/STATE): | |
| SANCTIONING ENTITY: | |
| BOUT OUTCOME: | WIN <input type="checkbox"/> LOSS <input type="checkbox"/> DRAW <input type="checkbox"/> |
| DID YOU SUFFER ANY INJURIES?: YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES, PLEASE EXPLAIN) | |
| WERE YOU SUSPENDED?: YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES, STATE REASON AND DURATION) | |
| DO YOU CURRENTLY HAVE INJURIES?: YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES, PLEASE EXPLAIN) | |
| HAVE YOU PARTICIPATED IN ANY COMBAT SPORT (MUAYTHAI, KICKBOXING, MMA, BOXING, ECT.) SANCTIONED EVENT, EXHIBITION, SCRIMMAGE, POINT SPARRING, FULL CONTACT, OR SMOKER IN THE LAST 7 DAYS? | YES <input type="checkbox"/> NO <input type="checkbox"/> |

By signing this document, I (PRINT FULL NAME) _____, affirm and attest that the information provided above is true and accurate to the best of my knowledge. I reaffirm that I have not participated in **ANY** combat sport sanctioned event, exhibition, scrimmage, point sparring, full contact sparring, or smoker in any jurisdiction in the past seven (7) days. I further attest that I am not currently under medical or administrative suspension in any jurisdiction.

SIGNATURE: _____ DATE: _____