

SHIDO MMA

The new era of Mixed Martial Arts

Fighter Application/Registration for any Class D, C, B and A Competitors

Name _____ Rank _____

Home Address _____

Phone _____ E-Mail _____

Birth date _____ Age _____

Weight _____ Height _____

Style or System _____ Instructor _____

Name of Dojo _____ Phone _____

I, the undersigned, do hereby voluntarily submit my application for attendance and participation in the SHIDO MMA, and do hereby assume full responsibilities for all damages, injuries or losses, including death, that I may sustain or incur, if any, while attending or participating in the said Mixed Fighting Competition. I hereby waive all claims against the promoters, operators and sponsors of the said Submission Fighting Competition, their employees and agents, individually and other, for any claim for damages, injuries or losses that may sustain. I am especially cognizant not to sue the individuals or organizations named above, fully recognizing that his covenant is part consideration for my being allowed to compete, and upon which Shidokan Germany have relied in accepting my application.

I fully understand that any treatment given to me, in response to any possible injury, will consist of the first aid type only.

I consent that any reproduction of my likeness, created in any manner whatsoever, furnished by me, or any reproductions of my likeness taken of me in connection with the competition can be used for publicity, promotion, television showing, use on the internet, or instructions, and waive any, and all, compensation in regard thereto.

My signature on this application in a knowing representation that I have fully read, understand, and agree to the terms contained herein, and upon which I intend the promoters to rely.

Please enter me in the SHIDO MMA.

Applicant's Signature _____ Date _____

Mail to/Contact:

Shidokan Germany, President Peter Angerer, Kammweg 11, 72829
Engstingen, Germany

Waiver and Full Release

I, the undersigned, hereby agree to indemnify and hold harmless, Shidokan Germany, any and all officers, directors, agents and employees associated with Shidokan Germany, the SHIDO MMA, any and all officers, directors, agents and employees associated with the competition, including all participants and fellow competitors. All aforementioned referred to collectively as the „Company“.

Assumption of Risk

I assume full responsibility and risk for any injury or damage which I might sustain directly or indirectly from any cause related to the Company, even including but not limited to the use or condition of any equipment, or any of the other facilities, or services provided at, or by the Company. I acknowledge and agree the Company is not responsible for personal belongings or holdings, or any loss of theft thereof, and I assume full responsibility for any such loss or left. I also acknowledge that I understand the SHIDO MMA will necessitate my competing in a potentially dangerous competition. I also acknowledge that such competition may result in injury to me or my opponent. Nevertheless, I voluntarily and freely consent to participate in the SHIDO MMA and to fully indemnify the Company.

Release and Liability

I hereby release and forever discharge the Company and each of all of the Company's owners, heirs, assigns, agents, directors, officers, partners, employees, representatives, attorneys and all persons acting by, through, under or in concert with them, or any of them, of and from any and all manner of action or liabilities, claims, rights, obligations, demands, damages, losses, costs or expenses, or any nature whatsoever, known or unknown, fixed or contingent (*collectively referred to herein as „Claims“*), which I now have or may hereafter have against each or any of the above persons or entities by reason of my participation in the SHIDO MMA. This release is binding upon me and upon my successors, heirs and assigns, and I intend this to be a complete release and discharge of all persons as well as any corporate entity, having anything to do with the above stated event.

Dated: _____ Name: _____

Address: _____

City: _____

State: _____ Zip Code _____

Signature: _____

Witness: _____

Verification of Health and Medical Insurance

I, the undersigned, do hereby acknowledge that I am currently and actively covered by the following insurance company:

Name of Insurance Company: _____

Policy Number _____
Policy must include full health and emergency medical services, including, but not limited to year 2000

Name _____

Address _____

City _____

State _____ Zip Code _____

Signature _____ Dated _____

Medical Certification All Information is confidential

Last Name _____ First Name _____

Street Address _____

City _____ State _____

Country _____ Zip _____

Emergency Contact _____

Relationship _____ Phone _____

Please circle the correct answer

Yes No 1. Are you allergic to any medication (i.e. aspirin, sulfa, penicilin, etc.)?
If so, please indicate what medication: _____

Yes No 2. Are you currently taking any medication? If so, list: _____

Yes No 3. Have you ever experienced an epileptic seizure, or been informed that you might have epilepsy?

Yes No 4. Do you have Diabetes mellitus?

Yes No 5. Have you been told you have a heart murmur?

Yes No 6. Do you have asthma?

Yes No 7. Do you presently have an unprepared hernia?

Yes No 8. Have you ever been „knocked out“ or experienced a concussion during the past

three years? If yes, give dates: _____

- Yes No 9. Have you ever had an injury in your neck involving nerves, vertebrae (bones or Vertebral discs)?
- Yes No 10. Do you wear eye glasses or contact lenses during athletic participation?
- Yes No 11. Do you wear any dental appliance? If yes, circle the appropriate appliance: Permanent Bridge – Permanent Crown or Jacket – Removable partial Plate – Full Plate – Braces.
- Yes No 12. Have you had a fracture during the past two years? If so, indicate site of fracture and date: _____
- Yes No 13. Have you had a shoulder dislocation, separation, or other shoulder injury during the past two years?
- Yes No 14. Have you ever been advised to have surgery to correct a shoulder condition?
- Yes No 15. Have you ever had an injury to your back?
- Yes No 16. Do you experience pain in the back? If yes, indicate frequency: Seldom – Occasionally – Frequently – With vigorous exercise – with heavy lifting.
- Yes No 17. Have you experienced a sprain of either knee during the past two years with severe swelling accompanying the injury?
- Yes No 18. Have you ever been told you injured the ligaments and/or cartilage of either knee?
- Yes No 19. Have you ever been advised to have surgery to correct a knee problem?
- Yes No 20. If answer to Question #19 is yes, has the surgery been completed? Please give the date: _____
- Yes No 21. Have you experienced a severe sprain of either ankle during the past two years?
- Yes No 22. Do you have a pin, screw or plate somewhere in your body as a result of bone or joint surgery? If yes, indicate anatomical site and date of surgery: _____
- Yes No 23. Have you ever been tested for Doping (steroids, anabolica, ephedrine etc.)? If so, what were the test results? _____
- Yes No 24. Have you ever been tested for the HIV virus? If so, what were the test results?

The questions on this form have been answered completely and truthfully to the best of my knowledge.

Signature of Athlete _____ Date _____

Physicians Physical Examination

General: _____

Height: _____ Weight: _____ BP: _____ P: _____ HCT HGB: _____

UA:S.G _____ Sug. _____ Alb. _____ Acet. _____

Check each item in appropriate column

	Normal (n/e if not examined)	Abnormal (describe)
Head/Ears/Nose		
Eyes		
Neck/Thorax		
Heart		
Lungs		
Abdomen		
Genito-Urinary		
Anus/Rectum		
Extremities		
Neurological		
Psychiatric		

I certify that I have on this date examined this athlete and find him physically able to compete in the PROFESSIONAL SHIDO.

Physician's Name _____ Date _____

Address _____ City _____

Country _____ Zip _____

Phone _____ Fax _____

Physicians Signature _____

Fighter Profile

Name _____

Dojo _____ City _____

Instructor _____ Style _____

Your Rank _____ Experience (Years) _____

Please list **ALL Tournaments and Events**, in which you have competed in the past 5 years (please use additional sheet if needed):

Date	Place	Tournament/Event	Result

Please add the following items to this application and mail it to Shidokan Germany:

1. two passport pictures
2. one picture in fighting-stance (bare chest) from the waists up
3. a video copy of one of your latest fights on VHS (PAL or NTSC), VCD, SVCD