



# UNITED STATES MUAY THAI ASSOCIATION

The Official Governing Body for American Muay Thai  
Registered With the WMTC, IMTF, Thailand, EMTU -IMBF Italy

## FIGHTER REGISTRATION FORM

Male or Female      D.O.B [ / / ]      Hight [   ]      Weight [   lb ]

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Name Of Gym \_\_\_\_\_

Address OF Gym \_\_\_\_\_

Name of Coach \_\_\_\_\_

Coaches Phone \_\_\_\_\_

### Competitive History

Please fill out all questions to the best of your abilities. False information will lead to disqualification and or suspension of fighters, coaches, and gyms.

#### DIVISION OR LEAGUE

please check of which applies.

Junior Division [ ] Adult Division [ ] Senior Division 40 or over [ ] Amateur League [ ] Professional League [ ]

### Combat Sports History

Your Record to Date win \_\_\_\_\_ loss \_\_\_\_\_ Draw \_\_\_\_\_

Total Number of Fights to date \_\_\_\_\_

Date of your last fight \_\_\_\_\_ win \_\_\_\_\_ loss \_\_\_\_\_ Draw \_\_\_\_\_

Name of Last event \_\_\_\_\_

Muay Thai win \_\_\_\_\_ loss \_\_\_\_\_

Kickboxing win \_\_\_\_\_ loss \_\_\_\_\_

Boxing win \_\_\_\_\_ loss \_\_\_\_\_

PKB win \_\_\_\_\_ loss \_\_\_\_\_ Participated \_\_\_\_\_

PMT win \_\_\_\_\_ loss \_\_\_\_\_ Participated \_\_\_\_\_

YDL win \_\_\_\_\_ loss \_\_\_\_\_ Participated \_\_\_\_\_

MTDL win \_\_\_\_\_ loss \_\_\_\_\_ Participated \_\_\_\_\_

MMA win \_\_\_\_\_ loss \_\_\_\_\_

San Shou win \_\_\_\_\_ loss \_\_\_\_\_

Savate win \_\_\_\_\_ loss \_\_\_\_\_

Smokers win \_\_\_\_\_ loss \_\_\_\_\_ Participated \_\_\_\_\_

Other win \_\_\_\_\_ loss \_\_\_\_\_