FIGHTER CHECKLIST

PASCUA YAQUI TRIBE
ATHLETIC COMMISSION

PHONE: (520) 883-5114
FAX: (520) 883-5084

Name of Fighter:	**Federal I.D. Number:**
Location of Event:	**Date & time of Event:**

Corner men: _____	☐ Paid	Receipt No.:	☐ Returning	Date of Event: _____
Corner men: _____	☐ Paid	Receipt No.:	☐ Returning	Date of Event: _____
Corner men: _____	☐ Paid	Receipt No.:	☐ Returning	Date of Event: _____

FORMS TO BE COMPLETED BY FIGHTER:

1) Fighter Application:	☐ Yes	☐ No
2) License Application:	☐ Yes	☐ No
3) Medical Examination by Fighter:	☐ Yes	☐ No
4) Consent of Pregnancy Test:	☐ Yes	☐ No
5) Consent of Drug Test:	☐ Yes	☐ No

DOCUMENTS ON FILE WITH COMMISSION PRIOR TO EVENT:

	On File Prior to Event: (2 WEEKS)		Actual Date Received:	On File:	
1) Fighter Contract	☐ Yes	☐ No		☐ Yes	☐ No
2) Federal I.D. Number:	☐ Yes	☐ No		☐ Yes	☐ No
3) Fighter Physical	☐ Yes	☐ No		☐ Yes	☐ No
4) Fighter Eye Exam	☐ Yes	☐ No		☐ Yes	☐ No
5) HIV Test	☐ Yes	☐ No		☐ Yes	☐ No
6) Hepatitis B	☐ Yes	☐ No		☐ Yes	☐ No
7) Hepatitis C	☐ Yes	☐ No		☐ Yes	☐ No

_____.

PY COMMISSION APPROVAL SIGNATURE

_____.

DATE