**APPLICATION FOR ATHLETE**

**PLEASE PRINT LEGIBLE**

|  |
| --- |
| **ATHLETE PERSONAL INFORMATION**  |
| **Athlete Name:** |       |
|  (Last) (Middle) (First) |
| **Athlete Address:** |       |
|  (Number and Street) (City) (State) (Zip Code) |
| **Cell Number:**  |       | **Work Number:** |       |
|  (Area code) (Area code)  |
| **Employer:** |       | **Occupation:** |       |
| **ATHLETE FIGHT HISTORY** |
| **Fight Name** |       | **Fight Weight** |       |
|  |
| **Name of Gym/Club you train:**  |       | **Athlete Record**  |       |
|  |
| **Manager Name:** |  | **Manager Cell/work No:**  |       |
|  |
| **Date of Last Bout:** |      /     /      | **Result:**  |       | **Location:** |       |
|  |
| **ATHLETE QUESTIONAIRE**  |
| 1. Have you every missed your contracted weight?
 | [ ]   | Yes | [ ]   | No |  |
|  |
| 1a) If yes, when and by what amount was the weight missed?  |       |
|  |
| 1. What is the maximum amount of weight you cut for a bout (in pounds)?
 |       |
|  |
| 1. Have you ever been hospitalized for weight cutting or dehydration issues?
 | [ ]   | Yes  | [ ]   | No  |
|  |
| 3a) Please provide details:       |
|  |
| **ATHLETE PRIMARY EMERGENCY CONTACT**  |
| 1) Name:  |       | 2) Relationship:  |       |
|  |
| 3) Address  |       |
|  |
| 1. Cell Number:
 | (     )       | Home Number: | (     )      |
|  |
| **ATHLETE DECLARATION**  |
| I declare under penalty of perjury under the laws of the Pascua Yaqui Tribe, that I have read the foregoing application and that all answers given are true and accurate. I further declare that the HIV/HEP B/HEP C test report represents my test results. I understand that any misstatement of material fact in this application will constitute grounds for disciplinary action by the Pascua Yaqui Athletic Commission.  |
| Athletes Signature:  |  | Date: |  |