**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: | | | | | | | |  | | | |