



New York State Athletic Commission

New York State
Department of State
State Athletic Commission
123 William Street
New York, NY 10038-3804
Telephone: (212) 417-5700
www.dos.ny.gov/athletic

National Mixed Martial Arts Identification Application

Select Type (Check one only):

Professional

Amateur

To apply for an ASSOCIATION OF BOXING COMMISSIONS Mixed Martial Arts National Identification Card please complete the following:

FIRST NAME: _____ LAST NAME: _____ MIDDLE: _____

DATE OF BIRTH: ____/____/____ LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

ALSO KNOWN AS: _____

PHONE (_____) _____ E-MAIL ADDRESS: _____

BIRTHMARKS, SCARS OR TATTOOS: _____

TERMS AND CONDITIONS:

1. Illegible applications will not be accepted. PLEASE PRINT LEGIBLY.
2. The first and last name supplied must match the identification of the applicant. Additional names should be included in the Also Known As line.
3. National MMA ID Card will not be issued unless an accurate and truthful application form is completed in its entirety. Incomplete forms will not be accepted.
4. A color photo including a true likeness of the applicant must be included with the application. The photo shall be of "Passport" type including a clear image with a blank background. No glasses, hats, or other adornments that will obstruct the view of the applicant. (Color digital photos are acceptable).
5. Two forms of valid identification (of which one must include a photo of the applicant) must be included with the application (color digital copies are acceptable). Accepted forms of identification will include; but not be limited to driver's license, passport, state issued identification, etc.
6. The applicant understands that s/he will not be permitted to compete without a National MMA ID Card.
7. The applicant understands that the ABC in cooperation with the State Athletic Commission will settle any and all disputes with regards to violations of these terms and conditions for the National MMA ID Card. The ruling of the ABC is final and binding on all parties.
8. The applicant agrees to abide by these and any other terms and conditions, rules and regulations set forth by the ABC and the State Commission.
9. The applicant understands and agrees that the ABC reserves the right to amend the terms and conditions for issuing the National MMA ID Card.

I certify that I have read and understand the terms and conditions pertaining to the application for a National MMA ID Card, that all information given is my own, is true and correct to the best of my knowledge. I further understand and agree that false, misstatements or incomplete information on the application will constitute grounds for revoking or denial of the National MMA ID Card, and subject me to a one year suspension at the discretion of the ABC or the State Commission.

APPLICANT SIGNATURE: _____ DATE: _____

Email completed applications and supporting documents to NYSAC@DOS.NY.GOV.

Upon approval of application the applicant will be issued a National ID Number and will be included in the ABC National MMA Database Registry operated by Mixed Martial Arts LLC. The applicant will receive their National MMA ID Card by US Mail in four to six weeks.



Annual Medical Examination form for USMTA competitors

Please book a medical examination with your doctor and bring this form, printed, with you to your appointment. For enquiries contact: usmtainc@gmail.com

Please return all pages of the completed form as a scanned PDF (along with a copy of your blood test results, if their interpretation is included) to: usmtainc@gmail.com

Competitor Name: _____

Medical ID Number (NHS/CHI Registration number): _____

Date of birth: _____

Telephone number: _____

Email address: _____

Postal address: _____

Name of Examining Doctor: _____

Qualifications: _____

Doctor Registration Number: _____

Practice address: _____

Telephone number: _____

Email address: _____

PAST MEDICAL HISTORY

Any hospital admission for medical or surgical reasons? Yes No

Date	Summary	Current Status
General Notes		

Allergies?Yes No

Allergen	Reaction	Hospitalisation	Treatment
General Notes			

Medications?Yes No

Name	Dose/Frequency	Reason
General Notes		

Has anyone in the family died below the age of 40 due to a heart condition?Yes No

Relative	Summary of medical conditions	Age of Death
General Notes		

Examination normal?Yes No

Height (cm)	Weight (kg)	Heart Rate	Systolic BP	Diastolic BP

Additional weight information as reported by fighter:Yes No

Normal/Walk around weight (kg)	
Weight category for competition (kg/lbs)	

EYES

Pupil: reacting to light Right: Yes No

Comments if No...	
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Pupil: reacting to light Left: Yes No

Comments if No...	
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Fundi: Right normal? Yes No

Comments if No...	
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Fundi: Left normal? Yes No

Comments if No...	
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Visual acuity Right: ___ /6

Visual acuity Left: ___ /6

EARS/NOSE/THROAT

Tympanic Membrane Right normal? Yes No

Comments if No...	
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Tympanic Membrane Left normal? Yes No

Comments if No...	
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Hearing: Right normal? Yes No

Comments if No...	
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Hearing: Left normal? Yes No

Comments if No...	
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Teeth: Note condition: Normal? Yes No

Comments if No...	
-------------------	--

NECK

Movements full and pain free? Yes No

Comments if No...	
-------------------	--

CHEST**Rib cage normal?**Yes No Comments if
No...**Lungs normal?**Yes No Comments if
No...**Heart Sound: Regular?**Yes No Comments if
No...**Murmurs?**Yes No

Comments

Apex: Mid clavicular line 5th intercostal space?Yes No Comments if
No...**ABDOMEN****Scars?**Yes No Comments
If Yes**Enlarged liver or spleen ?**Yes No Comments
If Yes**BACK****Is movement of the back normal?**Yes No Comments
If No**LIMBS****Are movements of the limbs normal?**Yes No Comments
If No**Hands and wrists normal?**Yes No Comments
If No

NERVOUS SYSTEM

Any tremor ?

Yes No

Comments If Yes	
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Romberg test + ?

Yes No

Comments If Yes	
--------------------	--

Coordination normal?

Yes No

Comments If Yes	
--------------------	--

BLOOD TEST RESULTS

*tick here if NOT interpreting blood test results

NOTE TO DOCTOR: Please counsel all competitors prior to arranging phlebotomy.

Interpretation must be accompanied by copies of laboratory results sent back with this form.

HEPATITIS B Neg. surface antigen (HBsAg) test required	To be valid, sample must be dated within the 6 months prior to competition	
Date of sample:		Clear from infection? Yes <input type="checkbox"/> No <input type="checkbox"/>

HEPATITIS C	To be valid, sample must be dated within the 6 months prior to competition	
Date of sample:		Clear from infection? Yes <input type="checkbox"/> No <input type="checkbox"/>

HIV Must inc. p24 antigen and HIV 1+2 antibodies	To be valid, sample must be dated within the 6 months prior to competition	
Date of sample:		Clear from infection? Yes <input type="checkbox"/> No <input type="checkbox"/>

CONCLUSION

I confirm that there are no problems found as specified in this medical examination:

Yes No

Signed (Doctor): _____

Print name: _____

Date of examination: _____

CAGE WARS

Appearance Release Form

For valuable consideration received, the receipt and sufficiency of which are hereby acknowledged, I _____, in connection with my participation in _____, mixed martial arts event on _____, hereby forever grant Cage Wars and its legal representatives, employees, officers, licensees, assigns, partners, successors-in-interest and agents (collectively, "Cage Wars"), the worldwide, perpetual, royalty free, assignable, sub-licensable, irrevocable and unrestricted right, and license to (1) take photographs/video footage that may contain my image, likeness, picture, portrait, photograph, name, voice and/or property (the "Images"), including the negatives, transparencies, prints, film, video, tapes, digital or other information pertaining to them; (2) take, record, publish, or obtain testimonials or other statements from me (the "Statements"); and (3) and copyright my performance, use, copy, modify, adapt, distribute, publish, display, exhibit, and otherwise exploit in any media, by any means, methods and technologies now known or hereafter developed, either in whole or in part, the Images and the Statements for commercial, promotional and business purposes, including, but not limited to, use in advertising, marketing, promotional materials, and/or electronic media and the creation and sale or licensing of NFTs (the "Cage Wars Materials").

On my behalf, I further waive any and all rights that I may have over the use, distribution, transfer, display, or other exploitation of the Images and the Statements, including, without limitation any right to inspect and/or approve such use, distribution, transfer, display, or other exploitation.

On my behalf, (i) I hereby release, discharge and hold harmless Cage Wars from any liability (which may arise from any blurring, distortion, alteration, optical illusion, or use in composite form or otherwise) whether intentional or otherwise, that may occur or be produced in the taking of the Images or the Statements, or in any processing tending toward the completion of the finished product, (ii) I agree that Cage Wars owns the copyright in the Images and the Statements, and all portions thereof, and (iii) I hereby waive any claims I may have based on any usage or adaptation of the Images and the Statements and all portions thereof, or works derived there from, including but not limited to, claims for either invasion of privacy or defamation. If I should receive any print, negative or other copy of the Images, I will not use, or authorize its use by anyone else, for any purpose.

I am over the age of 18 and have read and understood this release, and further agree that this release shall be binding on my legal representatives, heirs, and assigns, now and in the future. I have granted this consent and release in consideration of Cage Wars' permission for the Minor Participant to participate in the development of the Cage Wars Materials. However, I understand that Cage Wars is under no obligation to use any of the Images or the Statements.

I have read this release, and I am fully familiar with its contents.

Print Name: _____ Date (mm/dd/yyyy): _____

Signature: _____

Phone: _____ Email address: _____