

Fight Sports Association



Incorporated



CERTIFICATE OF FITNESS

DETAILS OF CONTESTANT

Full Name: _____

Address: _____

_____ Post Code: _____

Telephone: _____ Mobile: _____

Email: _____

Date of Birth: ____/____/____ Sex: _____

Previous Competition History: _____

DECLARATION

I _____ certify that _____ is
[Name] [Contestant]

* FIT/UNFIT to compete in amateur contests.

Comments: _____

CONFIRMATION OF IDENTITY

I sighted a driver's licence or _____ as photographic proof of identity of
[Insert other]
_____ whose fitness is certified above
[Insert name of the amateur contestant] .

Medical Practitioner: _____

Medical Practitioner's Signature: _____

Qualification: _____

Address: _____

Telephone: _____

Date: ____/____/____

*Cross out whichever is inapplicable.