



American Amateur Mixed Martial Arts

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Dear Student Athlete,

Welcome to American Amateur Mixed Martial Arts. We are America's premier amateur sanctioning organization.

Our goal is to help you develop your Boxing, Kickboxing and/or MMA skills by developing a safe and competitive environment. Our rules are by far safer than any other. Please visit our website and see for yourself.

So, how do you get registered with AAMMA? Please fill out the attached application, waiver, and dental release, if you wear braces. After you have reviewed the material, please sign. Then mail your application packet in with your \$20.00 application fee and two passport photos and a copy of your drivers license. If you are under 18 years old and wish to register to compete in boxing, kickboxing, sanshou, shootboxing or grappling, you must include a copy of your birth certificate and your parent's driver license.

In about a week or two, you will receive your Student Athlete's Logbook. This logbook will be filled out at each event by the sanctioning officer. This logbook will be your official record. **Do not lose it.** If you lose it, you can have it replaced for a small fee.

You may register with AAMMA at a sanctioned event with a photo id.

If you have any questions, please feel free to contact us.

Sincerely yours,

AAMMA President



Date: _____

First Application

Renewal

AAMMA Office Use Only

Book Number: _____

Issuing Official: _____

STUDENT ATHLETE MEMBERSHIP APPLICATION

Student Athlete's Name: _____
please include "nickname"

Address: _____
number street city state country postal code

Tel: Home (_____) _____ Work: (_____) _____ Cell: (_____) _____

Email Address: _____

Date of birth: _____ Age: _____ Sex: _____ Height: _____ Weight: _____

Trained for: _____ Years _____ Months Style: _____

Boxing Record, If Any: _____ Kickboxing Record, If Any: _____ MMA Record, If Any: _____

Instructor's Name: _____

Trained for: _____ Years _____ Months Style: _____

School Name: _____

Address: _____
number street city state country postal code

Tel: Home (_____) _____ Cell: (_____) _____ Email _____

By signing below, I attest that the above information is true and that I have never competed as a professional in but not limited to boxing, kickboxing, Muay Thai, or MMA. I also attest that I have been training at a legitimate martial arts school or program and feel I'm adequately trained to participate in an AAMMA sanctioned event. **If under 18 and in a state that allows you to compete, a parent or guardian must sign below.**

Student Athlete's Name "please print"

Student Athlete's Signature / Date

Parent / Guardian's Name "please print"

Parent / Guardian's Signature / Date

Instructor's Name "please print"

Instructor's Signature / Date

Student Athlete's Driver's License / ID Number

AAMMA Official or Notary "please print"

This application must be accompanied by student athlete's driver's license or state id or by parent/guardian's driver's license or state id.

AAMMA STUDENT ATHLETE RELEASE AGREEMENT

Effective June 1, 2009, the American Amateur Mixed Martial Arts, Inc. ("AAMMA"), is a Florida corporation, and their respective owners, directors, officers, employees, agents, schools, host, sponsors licensors, and licensees of the above mentioned, hereafter known as the "Protected Parties", and _____ ("Student Athlete"), agree that, in exchange for the AAMMA's agreement to sanction any martial arts Match to be held in the USA (the "Matches"), and the Protected Parties' agreement to record Student Athlete's performance in the Match, Student Athlete and the Student Athlete's Guardian will release the Protected Parties from liability for any damages suffered by Student Athlete in connection with the Matches, and from liability for any compensation to Student Athlete for the use of Student Athlete's name and likeness. Student Athlete and the Protected Parties agree that the consideration granted to each under this release is sufficient to be legally binding; that the parties to be bound shall include each party's representatives, heirs, executors, administrators, assignees, and any other parties seeking to claim through one of the parties; and that each party will be bound by the following provisions:

1. ASSUMPTION OF RISK. Student Athlete and Student Athlete's Guardian is fully aware of the risks involved in martial arts competition in general, and any additional risks peculiar to the specific competition Student Athlete will be participating in at the Matches. Student Athlete and Student Athlete's Guardian warrants that he is fully qualified and prepared to participate in the Matches, and that his health is such as to place no unusual risks on his participation. Student Athlete and Student Athlete's Guardian therefore agrees to assume all risks attendant to, or resulting from, his participation in the Matches.

2. COVENANTS NOT TO SUE AND ASSIGNMENT OF CLAIMS. Student Athlete and Student Athlete's Guardian releases and forever discharges the Protected Parties from any demand or claim in any way resulting from Student Athlete's participation in the Matches. Student Athlete and Student Athlete's Guardian agrees not to commence, prosecute, or permit to be prosecuted, any action in law or equity, against the Protected Parties, for any injury or damages sustained as a result of Student Athlete's participation in the Matches, whether or not such injury or damages may be the result of active or passive negligence by the Protected Parties. Student Athlete and Student Athlete's Guardian also assigns to the Protected Parties any claims Student Athlete and/or Student Athlete's Guardian may bring against any parties not specifically protected by this agreement for injury or damages in any way related to Student Athlete's participation in the Matches.

3. INDEMNIFICATION. Student Athlete and Student Athlete's Guardian will indemnify the Protected Parties from any claims brought by any parties attempting to claim through Student Athlete, or attempting to bring claims in any way related to Student Athlete's participation in the Matches.

4. MODEL RELEASE. Student Athlete and Student Athlete's Guardian grants to the Protected Parties the unrestricted right to record, edit, and compile Student Athlete's participation in the Matches in any way desired by the Protected Parties, and to sell, distribute, or otherwise utilize the recording in any manner desired by the Protected Parties. Student Athlete agrees the consideration listed in this agreement is sufficient for this grant of rights, and Student Athlete will not seek additional compensation, regardless of the outcome of the efforts of the Protected Parties to sell or distribute the recording.

5. MISCELLANEOUS. Student Athlete and Student Athlete's Guardian warrants that he/she has read and fully understands this agreement, is of legal age to contract, and has had the opportunity to seek legal advice before signing. This agreement shall be governed by Florida law, with venue for any disputes to be in Escambia County, Florida. Any provisions of this agreement found to be unenforceable by law shall be considered severed, with the remainder of this agreement to continue in full force and effect. This agreement represents the entire understanding between the parties regarding the subject matter hereof. **This document must be signed in the presence of a notary public or an AAMMA official.**

Print Student Athlete Name

Print Parent or Guardian*

Notary/AAMMA Officer (Print)

Signature of Student Athlete

Parent/Guardian Signature*

Notary/AAMMA Officer's Signature

Date

Date

Date

State

Emergency Contact:

Name: _____

Phone: _____

Relationship: _____

* For under age student athletes participating in kickboxing, boxing, sanshou, shootboxing and grappling.



AMERICAN AMATEUR MIXED MARTIAL ARTS, INC.
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Release to Train with Orthodontic Braces/Appliances

Student Athletes who wish to participate in a match with braces or other orthodontic appliances are required to have attached to their passbooks a completed Release to Train with Orthodontic/Braces Appliances form. This form requires the written approval of their dentist/orthodontist and parents or guardian, and a dentist-molded mouthpiece or a mouthpiece approved by his/her dentist/orthodontist. This includes upper and/or lower braces. Anyone training with braces or other orthodontic appliances, waive the right to dental coverage from AAMMA in any way.

I understand the above rule and give my permission for _____
to compete. (Student Athlete's Name)

Dentist/Orthodontist Approval:

Print Name Signature Date

Parent/Legal Guardian Approval if a minor:

Print Name Signature Date

Student Athlete:

Print Name Signature Date