

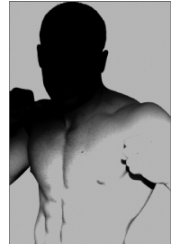


CALIFORNIA AMATEUR MIXED MARTIAL ARTS ORGANIZATION, INC.  
1010 Wilshire Blvd., Suite 311. Los Angeles, CA 90017  
INTERNET: [www.camo-mma.org](http://www.camo-mma.org)  
PH: (213) 908-2185; FAX: (213) 908-2186

## Amateur Mixed Martial Arts and Pankration **ATHLETE APPLICATION INSTRUCTIONS**

*You must submit the application form before or with your medical documents and other licensing materials. Medical documents will not be accepted without an application form already on file with CAMO. Upon registration and payment, license will be issued if approved, but will be on Inactive status pending receipt and approval of medical documents. Once all required items have been submitted and approved the license will be given Active status and Applicant will be approved to compete.*

**1. ONLINE PROFILE AND PHOTOGRAPH (Not Needed For Renewal Applicants)** – Complete online profile at [www.camo-mma.org](http://www.camo-mma.org) and upload one recent and clear digital photo of yourself to your profile. The photo shall clearly show your face and no one else.



**2. APPLICATION** – Complete the attached Athlete Application for License and Agreement and Waiver and fax or mail the completed form along with the License Fee to CAMO.

**NOTE:** A license will expire one year from the date the license is issued (i.e. a license issued on February 1, 2007 will expire on January 31, 2008). At the time of expiration, an athlete must renew their license if they wish to continue competing in the CAMO program. A license will be dated the day that CAMO receives your first submitted paperwork (“License Date”).

**3. LICENSE FEE** – \$115.00 (\$95.00 for applicants age 16 or younger) by Credit Card, Check, or Money Order (no cash please). One pair of official CAMO competition gloves and rashguards will be included with the License Fee and issued at your first fight upon check-in (Renewal applicants will receive a new pair of competition gloves and rashguards as well at the first fight after renewal).

**4. PHYSICAL EXAMINATION** – The physical exam must be completed by a licensed physician (MD or DO ONLY). The physical examination must be taken **within 30 days of** the License Date and submitted to the CAMO office on the official CAMO Physical Examination for hereto attached.

**Note:** The physical exam will be valid until the expiration of the applicant’s license, if granted. We will NOT accept physicals signed by a Chiropractor, Physician Assistant or Nurse Practitioner.

**5. BLOOD TESTS RESULTS** for HIV antibody & HBV Surface Antigen (Hepatitis Bs Ag) & HCV antibody (Hepatitis C ab) must be submitted on the computer generated letterhead of the laboratory that administered the tests. The blood tests results must be provided to CAMO **within 30 days of** the blood test being taken. No blood test will be accepted that is dated more than 30 days prior to submission.

**Note:** HIV, HBV & HCV tests will be valid until the expiration of the applicant’s license, if granted.



CALIFORNIA AMATEUR MIXED MARTIAL ARTS ORGANIZATION, INC  
 1010 Wilshire Blvd #311  
 Los Angeles, CA 90017  
 INTERNET: www.camo-mma.org  
 PH: (213) 908-2185; FAX: (213) 908-2186

**ATHLETES APPLICATION FOR LICENSE  
 AGREEMENT AND WAIVER**  
 ORIGINAL  RENEWAL

**TYPE OF LICENSE AND ANNUAL FEE (Check appropriate box):**  
 All items must be submitted before license becomes active.

- Mixed Martial Arts and Pankration \$115
- Minors: Pankration Only (must be 16 years old and younger) \$95

Office Use Only
License # _____ Date App Received _____ Amount Received \$ _____ Method of Payment _____ Check Number _____ Received By _____ Receipt # _____  Approve for License: _____

<b>Section 1. Please print the following information:</b>			<b>Social Security Number:</b>
Last	First	Middle	
<b>Address:</b>			
Street (No PO BOX)	City	State	Zip Code Country
<b>Telephone number:</b>		<b>Email Address:</b>	
<b>Age:</b>	<b>Male / Female</b> Circle one	<b>Birth Date:</b> (MM / DD / YYYY):	<b>Height:</b> ____ Ft. ____ In.
		<b>Weight:</b> _____ pounds	

**Amateur MMA Record\*:** \_\_\_\_\_ (wins) \_\_\_\_\_ (losses) \_\_\_\_\_ (draws) \_\_\_\_\_ (no contests)

\*For official record purposes, CAMO will only recognize participation by applicant in verifiable sanctioned amateur events. If record above is anything other than 0-0, please list verifiable events participated in for every fight listed on record (name of promoter, state, opponent, outcome and date of fight):

---

---

---

---

**Section 2.** Please print the following information:

Have you ever used any other name(s)?  **Yes**  **No** If yes, list name(s):

---

Have you ever been disqualified in any competition?  **Yes**  **No** If yes, please explain:

---

Has your license ever been denied, suspended or revoked in any state or country for medical reasons (OTHER THAN HIV, HBV, OR HCV)?  **Yes**  **No** If yes, please explain:

---

---

**Section 3.** Please print the following information:

If you are now or have ever been licensed by the California State Athletic Commission, another athletic commission, or any similar governmental authority, provide the following information for each license, listing the most recent first:

TYPE OF LICENSE	LICENSE YEAR	STATE/OTHER COMMISSION/ GOVERNMENTAL AUTHORITY
-----------------	--------------	--

_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your license ever been suspended, revoked or have you ever been fined by the California State Athletic Commission, another athletic commission or any similar governmental authority?  **Yes**  **No** If YES, provide the following information:

TYPE OF LICENSE	ACTION TAKEN	REASON FOR ACTION	DATE OF ACTION
-----------------	--------------	-------------------	----------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there charges pending against you by the California State Athletic Commission, another athletic commission or any similar governmental authority?  **Yes**  **No** If YES, provide the following information:

OFFENSE	DATE OF OFFENSE	GOVERNMENTAL AUTHORITY	HEARING DATE
---------	-----------------	------------------------	--------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you been convicted of a crime in the past 10 years?  Yes  No If YES, provide the following information:

OFFENSE	DATE OF CONVICTION	CITY, STATE, COUNTRY, SENTENCE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there any charges pending against you by any law enforcement agency?  Yes  No If YES, provide the following information:

OFFENSE	DATE OF OFFENSE	CITY, STATE, COUNTRY, HEARING OR TRIAL DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

**All items in this application are mandatory; none are voluntary.** Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure.

In consideration of me/my minor child being permitted to participate in any way in any events or activities conducted by, licensed by, supervised by, or otherwise connected with **CALIFORNIA AMATEUR MIXED MARTIAL ARTS ORGANIZATION, INC.** (hereinafter the "Activity" or "Activities"), I agree that:

1. I (and my minor child, if applicable) have read and reviewed and hereby agree to comply with and to be bound by the Amateur Mixed Martial Arts Rules as adopted and modified from time to time by the California Amateur Mixed Martial Arts Organization, Inc. ("CAMO").
2. I (and my minor child, if applicable) understand the nature of the Activities and believe I am/(my minor child is, if applicable) qualified to participate in such Activity. I (and my minor child, if applicable) further acknowledge that I am (and my minor child is, if applicable) aware the activity may be conducted in facilities open to the public during the Activity. I (and my minor child, if applicable) further agree and warrant that if at any time I (and/or my minor child, if applicable) believe conditions to be unsafe, I (and/or my minor child, if applicable) will immediately discontinue further participation in the Activity.
3. I (and my minor child, if applicable) understand that: (a) the Activities involve risks and dangers of **SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH** ("Risks"); and (b) these Risks and dangers may be caused by or increased by my own (and/or my minor child's, if applicable) actions, or inaction's, or negligence, the actions or inaction's or negligence of others participating in or supervising the Activity, and the conditions under which the Activity takes place; and (c) there may be other risks and social and economic losses either not known to me (and/or my minor child, if applicable) or not readily foreseeable at this time; and I (and my minor child, if applicable) **FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** incurred as a result of my (or my minor child's, if applicable) participation in the Activity.
4. I (and my minor child, if applicable) **HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS CAMO**, its directors, agents, officers, volunteers, employees, and other officials licensed by CAMO, and any sponsors and/or advertisers (hereinafter, collectively the "Releasees") from all liability, claims, demands, losses, or damages on my (and/or my minor child's, if applicable) account caused or alleged to be caused in whole or in part by the ordinary active or passive

negligence of the "Releasees," in connection with Mixed Martial Arts and/or Pankration activities, including negligent rescue operations, and I (and my minor child, if applicable) further agree that if, despite this release, I (and/or my minor child, if applicable), or anyone on my (and/or my minor child's, if applicable) behalf makes a claim against any of the Releasees based on claims or causes of action for which I (and/or my minor child, if applicable) have released those Releasees, **I (and my minor child, if applicable) WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.**

5. I (and my minor child, if applicable) have read this Application, Agreement and Waiver and fully understand it's terms, understand that I (and my minor child, if applicable) have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this Agreement is held to be invalid that the balance, notwithstanding, shall continue in full force and effect.

***I (and my minor child, if applicable) declare under penalty of perjury under the laws of the State of California, that I (and my minor child, if applicable) have read the foregoing application for a license, agreement and waiver, that all the answers given are my (and/or my minor child's, if applicable) own and that all the answers are true of my own knowledge. Further, I (and my minor child, if applicable) understand and agree that any misstatement of material fact in this application will constitute grounds for denying or revoking the license.***

***Accepted and Agreed:***

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

FOR MINOR APPLICANTS – Minor please sign above, parents of minor sign below:

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Printed Name of Witness



CALIFORNIA AMATEUR MIXED MARTIAL ARTS ORGANIZATION, INC.  
1010 Wilshire Blvd. Ste #311, Los Angeles, CA 90017  
www.camo-mma.org  
PH: (213) 908-2185 FAX: (213) 908-2186

## AMATEUR ATHLETE PHYSICAL EXAMINATION

APPLICANT NAME \_\_\_\_\_ RING NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

**PHYSICAL HISTORY:** Have you ever had any of the following conditions:

- Fainting spells  Rupture (hernia)  Chest pains  Operations  Shortness of breath  
 Swollen joints  
 Rheumatism  Diabetes  Frequent headaches  
 Convulsions (fits)  Chronic cough  Spitting of blood  
 Cerebral hemorrhage or serious head injury  None

No. of knockout losses in your career \_\_\_\_\_ Date of last knockout \_\_\_\_\_

Have you ever suffered a loss of consciousness for any reason?  YES  NO

If so, please explain and provide date(s) and location(s): \_\_\_\_\_

When was the last time you took any type of medication or drug? (State what type and when) \_\_\_\_\_

Have you ever undergone any type of surgery?  Yes  No If so, please describe. \_\_\_\_\_

When was the last time you took any type of vitamin supplement? (State what type and when) \_\_\_\_\_

Amateur record: Wins \_\_\_\_\_ Losses \_\_\_\_\_ Draws \_\_\_\_\_

Professional boxing/kickboxing: Wins \_\_\_\_\_ Losses \_\_\_\_\_ Draws \_\_\_\_\_

Additional information: \_\_\_\_\_

**PHYSICAL EXAMINATION:**

General appearance: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Temperature: \_\_\_\_\_

Disabling scars: \_\_\_\_\_ Mouth: \_\_\_\_\_ Teeth: \_\_\_\_\_ Tonsils: \_\_\_\_\_ Neck: \_\_\_\_\_

Pulse at rest: \_\_\_\_\_ Pulse after 100 hops: \_\_\_\_\_

Blood pressure: At rest: \_\_\_\_\_ After 100 hops: \_\_\_\_\_ 2 minutes later: \_\_\_\_\_

Enlarged glands:  Yes  No -- Goiter:  Yes  No

Heart: Pulse rhythm  Regular  Irregular – Murmurs:  Yes  No

Apical impulse:  Heavy  Normal - Enlargement:  Yes  No

Lungs: Rales  Yes  No - Abdomen: Enlargement of liver  Yes  No

Breasts: Mass  Yes  No – Tenderness  Yes  No – Discharge  Yes  No

Enlargement of Spleen:  Yes  No – Hernia:  Yes  No

Femoral  Inguinal  Ventral – Testicles: Normal  Yes  No

Remarks: \_\_\_\_\_

Reflexes: Pupils \_\_\_\_\_ Knee jerks \_\_\_\_\_ Romberg \_\_\_\_\_

Babinski \_\_\_\_\_ Skin: Tone \_\_\_\_\_ Rash \_\_\_\_\_ Boils \_\_\_\_\_ Other: \_\_\_\_\_

Unhealed wounds: \_\_\_\_\_  
Remarks: \_\_\_\_\_

**EYE HISTORY:** Have you ever had any of the following conditions:

Blurred vision?  **Yes**  **No** – If YES, please explain in full: \_\_\_\_\_

Have you ever had any surgical procedures done to your eye(s) or the tissues around your eye(s) other than simple sutures of the skin around the eye?  **Yes**  **No** – If YES, please explain in full: \_\_\_\_\_

Have you ever been diagnosed by a physician to have significant eye problems such as retinal detachment, retinal tear, primary or secondary glaucoma, aphakia, pseudophakia, or dislocated lens?  **Yes**  **No** – If YES, please explain in full: \_\_\_\_\_

**EXAMINING PHYSICIAN:**

I have examined the above named applicant and **I DO NOT FIND** a condition that would preclude him/her from being licensed as amateur mixed martial arts athlete.

Authorization for release of medical information is attached.

\_\_\_\_\_  
**\*LICENSED PHYSICIAN'S NAME (print)** **\*MEDICAL LICENSE NUMBER**

\_\_\_\_\_  
**ADDRESS** **CITY** **STATE** **ZIP CODE**

\_\_\_\_\_  
**TELEPHONE NUMBER** **DATE/TIME**

\_\_\_\_\_  
**PHYSICIAN'S SIGNATURE**

\*Must be a licensed physician (MD or DO ONLY). No physician assistant (PA) or nurse (NP) signatures accepted without accompanying physician name, signature, and medical license number.



CALIFORNIA AMATEUR MIXED MARTIAL ARTS ORGANIZATION, INC.  
1010 Wilshire Blvd., Suite 311. Los Angeles, CA 90017  
INTERNET: [www.camo-mma.org](http://www.camo-mma.org)  
PH: (213) 908-2185; FAX: (213) 908-2186

Amateur Mixed Martial Arts and Pankration  
**BLOOD TEST INSTRUCTIONS**

*Any person applying for a license or the renewal of a license as an amateur mixed martial arts fighter shall present documentary evidence satisfactory to CAMO that the applicant has been administered a blood test, by a laboratory to detect the presence of antibodies both to the human immunodeficiency virus (HIV) and to hepatitis C virus (HCV) and to detect the presence of the antigen of hepatitis B virus (HBV) within 30 days of the date of the application and that the results of all three tests are negative. (AMMA Rules & Regs §605).*

**CAMO Policy for blood tests:**

**1. TIME SENSITIVE** – The blood tests results must be provided to CAMO **within 30 days of** the blood test being taken. No blood test will be accepted that is dated more than 30 days prior to submission. No exceptions.

**2. OFFICIAL RESULTS** – All results must show negative results and must be submitted on the computer generated letterhead of the laboratory that administered the tests. Tests not submitted directly from the testing laboratory are subject to verification.

**3. EXPIRATION** – Blood tests will remain valid until the expiration of the applicant's license, if granted.

**4. FALSIFICATION OF DOCUMENTS** – Any athlete, coach or licensee found to have manipulated, altered or otherwise falsified a blood test for the purpose of licensure will be suspended immediately and may have their license revoked/denied indefinitely. All suspensions will be reported to a national database and the California State Athletic Commission (CSAC). Fighters will be held responsible for all documents submitted on their behalf.

**5. REQUIRED BLOOD TESTS** – The required blood tests are as follows (please verify these EXACT tests with your attending nurse, phlebotomist or physician):

- 1) HIV
- 2) Hepatitis C Antibody
- 3) Hepatitis B Surface Antigen

**6. LABORATORIES:** – CAMO will accept blood tests from licensed and accredited laboratories. Two popular locations for California athletes are as follows:

- 1) Request-A-Test: 1(888) 732-2348 (24 hr turnaround in most cases; \$99)
- 2) Bio Data Lab: 1(909) 445-9727 (\$50)



## Credit Card Authorization Form

Credit Card Type: \_\_\_\_\_

Name (as it appears on the card):	
Billing Address:	
Billing City, State and Zip Code:	
Credit Card Number:	
Expiration Date:	
V Code: 3 Digit code on back of the credit card	
Amount to Be Billed: Total amount due	\$ _____.
Billing Date:	
Name (if different than card): _____	<p>License Type (circle):</p> <p>1. Athlete 2. Promoter 3. Inspector</p> <p>4. Matchmaker 5. Judge</p> <p>6. Referee 7. Timekeeper 8. Second</p>

I, \_\_\_\_\_, authorize the use of my credit card described above for charges related to the services and products provided by California Amateur Mixed Martial Arts Organization, Inc.

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cardholder's Email Address (for electronic receipt)

**Please fill out and fax back for approval.**