



AUSTRALIAN MIXED MARTIAL ARTS ASSOCIATION

Cross over Recognition Registration with IBF

TO OBTAIN CROSS OVER RECOGNITION, THIS FORM MUST BE COMPLETED & FORWARDED WITH THE REGISTRATION FEE OF \$400 TO HEAD OFFICE.

PLEASE NOTE THAT WE ARE UNABLE TO COMPLETE CROSS OVER RECOGNITION REGISTRATION OF ANY MEMBERS UNTIL YOU ARE A FINANCIAL. YOU MUST SHOW YOU HAVE LEVELS OF COMPETENCY OF THAT EQUAL TO DAN GRADE BELT (MINIMUM) IN MORE THAN 1 CODE, BUT THE CODE MUST CONTAIN BOTH A STRIKING & GRAPPLING ART (GRAPPLING=JUDO, JU JITSU, SAMBO, PANGRATION, BJJ) FOR THE APPLICATION TO BE ACCEPTED. APPLICANT MUST COMPLETE SEPARATE REGISTRATION WITH IBF \$45. Must hold CURRENT 1ST AID CERTIFICATE, SUPPLY COPIES OF BOTH PUBLIC-LIABILITY & STUDENT ACCIDENT POLICIES (ANY PROBLEMS CONTACT IBF). PROOF OF GOVERNMENT ACCREDITATION AS AN INSTRUCTOR. 2 REFERENCES REQUIRED. A RESUME OF YOUR HISTORY IN MA & MMA INCLUDING TEACHING & COMPETITION EXPERIENCE.

CLUB _____ DATE _____

Administration: Person to receive cross over recognition:

Name: _____ Ph(h): _____ (w): _____

E-mail: _____ mobile: _____

Address: _____

Age: _____ D.O.B. ___ / ___ / ___ M / F A.M.M.A.A / IBF registration number: _____

PLAYER INFORMATION.

Previous club name: _____ Ph: _____ Current rank: _____

Time in current rank: _____ Coaching Level: _____ Grading Licence: No _____

Other martial arts experience:

I state that the above information is true & correct, & will I agree to participate by the rules set by the A.M.M.A.A If I fail to meet these requirements I understand that I will be expelled from any future club & or contest participation with The A.M.M.A.A I do understand that I may be injured whilst participating at training or competition due to this sport being a contact sport & voluntarily accept this. I enter at my own risk. I shall not hold liable the A.M.M.A.A its Directors /official members & promoters of this competition for any injuries that I may sustain during training or contest & or being on or leaving the premises where training or contest is being held.

I hereby agree to accept & abide by the rules and guidelines of the A.M.M.A.A as a member of the A.M.M.A.A.

Name: _____ Signature: _____ Date: _____

All cheques made out to **Wollongong Judo**

Post payment & form to: Head office suite. PO BOX 501 Wollongong NSW 2520