



XTREME SURVIVOR 2.0

SEMI PRO MMA CHAMPIONSHIP

<https://www.xtremesurvivor.in>

(Sanctioned by AIMMAF, India)

16th to 19th Nov - 2022

Noida Indoor Stadium, Sector 25

Noida, U.P., India

FIGHTER REGISTRATION FORM

(Please Attach a Recent Photo also)

Full Name			
Date of Birth		Occupation	
Contact No		Blood Group	
Aadhaar No.		Emergency Contact No.	
Height		Weight (KG)	
State		Club / School Name	
Complete Address			
Email		Social Media	

IMPORTANT INSTRUCTIONS:

- **Hard copy format of this Form will not be treated as valid unless the Registration fees is paid.**
- Double vaccination and RTPCR (not more than one week old from the date of competition) is compulsory for participation, failing to submit the same your registration will be cancelled.
- Fitness certificate certified by any MBBS doctor is compulsory for all fighters.
- All fighters need to carry Aadhaar card or valid id proof during event
- All fighters need to carry their own fighters' shorts, Groin guard, Gum shield and hand wraps.
- All fighters need to maintain complete hygiene, trimmed nails and no pre-injuries, wound, open or covered with any kind of bandages / gauges will strictly not be allowed to participate in the championships.

SELF DECLARATION

I _____ completely understand and declare that I will be participating in the "Xtreme Survivor" 2.0 Semi Pro MMA championship, which is a combat fight competition and am solely responsible for any injuries during my fight and event. I promise to represent myself with good sportsmanship throughout the event, I shall not do any kind of misbehaviour, in-disciplinary act nor encourage anyone to do it either. I am medically fit with no pre-injuries or wounds to participate and undergo this Mixed Martial Arts Fight. I will further obey all stipulations/guidelines set by championship authority during the championship. Championship authority has all rights to cancel or suspend my participation upon non fulfilment of the above.

Date: _____

Signature: _____