



# Athlete Application for Program Admission

CHECK ONE:  BOXING  MMA  OTHER: \_\_\_\_\_

DATE: \_\_\_\_\_

(PLEASE PRINT)

## Athlete Information

NAME: \_\_\_\_\_  
last first middle

RING NAME: \_\_\_\_\_

PHYSICAL ADDRESS:

street address

city state zip code country

( ) ( )  
home telephone number cell phone number

AGE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CURRENT WEIGHT: \_\_\_\_\_ HEIGHT (feet/inches): \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_

MAILING ADDRESS: (If different from physical address)

street address

city state zip code country

email address

PLACE OF BIRTH: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_

**\*\* A CURRENT PHOTOGRAPH of the Athlete taken in the past six (6) months clearly showing the Athlete's face must be submitted with the application**

TRAINING/GYM ADDRESS:

street address

city state zip code country

MANAGER: \_\_\_\_\_

trainer

trainer's cell phone

PROMOTER: \_\_\_\_\_

PRIVATE PHYSICIAN:

name

street address

city state zip code country

## Competition Information

DATE OF NEXT FIGHT: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

LOCATION: \_\_\_\_\_

SCHEDULED OPPONENT: \_\_\_\_\_

NUMBER OF ROUNDS: \_\_\_\_\_ WEIGHT FIGHT WILL TAKE PLACE AT: \_\_\_\_\_

IF TITLE FIGHT, NAME OF SANCTIONING ORGANIZATION: \_\_\_\_\_

COMPLETE PROFESSIONAL RECORD: wins \_\_\_\_\_ losses \_\_\_\_\_ draws \_\_\_\_\_ no contests \_\_\_\_\_ KO's \_\_\_\_\_



# Athlete Application for Program Admission

---

LIST ALL COMMISSIONS WITH WHICH YOU CURRENTLY HOLD AN ACTIVE LICENSE TO COMPETE:

---

---

LIST ALL COMMISSIONS, NOT LISTED ABOVE, WITH WHICH YOU HAVE A PENDING APPLICATION FOR A LICENSE TO COMPETE:

---

---

LIST ALL MEDICATIONS, DIETARY SUPPLEMENTS, OVER-THE-COUNTER MEDICATIONS, VITAMINS, OR SIMILAR SUBSTANCES THAT YOU ARE CURRENTLY CONSUME REGULARLY OR HAVE CONSUMED WITHIN THE PAST FOURTEEN DAYS:

---

---

---

---

---

---

---

---

I hereby declare, under penalty of perjury, that I have read the foregoing application for VADA, and all the answers to the questions have been completed by me and that all the answers given are my own, and that all the answers are true of my knowledge. I understand that this application for VADA expires two weeks after it is submitted unless otherwise extended by VADA, and that it is subject to my agreement with the VADA Application Terms and Consent to Release of Medical Information described on the following page. I agree to advise VADA as soon as possible of any medication/supplement changes while I am in the VADA program. I agree to contact VADA as soon as possible should the date, location, or other pertinent information for my upcoming fight change. Further, I understand and agree that any misrepresentation of a material fact on this application shall constitute grounds for removal from the VADA program.

---

APPLICANT'S SIGNATURE (SIGN LEGAL NAME)

---

DATE



# Athlete Application for Program Admission

## VADA Application Terms and Consent to Release of Medical Information

**The following Terms for VADA program admission are important and may affect your rights. Read this carefully.**

I consent to allow VADA and/or its agents to collect biological specimens (urine and/or blood specimens) at any time during my participation in the VADA program. I consent to the analysis of such specimens for the presence of banned substances or their metabolites or markers at a qualified laboratory to be chosen by VADA.

**I consent to the release by VADA and/or its agents of the results of the analyses performed on my biological specimen(s) and related medical information.** This information may be released to the appropriate commissions, associations, organizations, promoters, and/or sanctioning bodies as VADA deems necessary to carry out its anti-doping program. I also authorize the release of this information to entities such as Fightfax, Inc. and the Association of Boxing Commissions, and for possible inclusion on the Federal Suspension List. I understand that such information may be protected by law in certain circumstances, but agree to the release of this information as a condition to joining the VADA program with an understanding that the release of such information may be important to carry out VADA's anti-doping purposes.

I have read and agree to comply with the terms of the VADA Whereabouts Policy.

I consent to the public release of my name and participation in the VADA program, unless I provide VADA specific written notice that my participation in the VADA program should not be made public. I agree to hold VADA and its agents harmless from the inadvertent release of such information.

I agree to inform the commission that has sanctioned or granted me a license for any upcoming scheduled bout or competition of my participation in the VADA program within seven (7) days of my admission into the program. I also agree to inform the promoter of any upcoming scheduled bout or competition and any relevant sanctioning body (if applicable) of my participation in the VADA program within seven (7) days of my admission into the program. I authorize VADA to inform the appropriate commissions, associations, organizations, promoters, and/or sanctioning bodies of my involvement with the VADA program, however, I understand that this authorization does not relieve me of my duty under this paragraph to inform the commission(s), promoters, and/or sanctioning bodies of my participation in the VADA program.

I understand that VADA has the right to deny me admission into the VADA program if VADA deems in its sole discretion that my admission into the program would conflict with anti-doping principles or VADA's mission or policies. I further understand that VADA may deny me admission into the VADA program, or remove me from the VADA program, if VADA determines in its sole discretion that medical or health-related issues warrant a denial of admission. Although I may request a telephonic appeal of VADA's decision to deny my admission into the VADA program, I understand that VADA's decision is final.

I have read, understood, and agree to the above terms and the release of my medical information.

\_\_\_\_\_  
ATHLETE SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE