



REGISTRATION FORM FOR COMBAT WRESTLING ASIAN CHAMPIONSHIP 2017

Full name:

Country:

Date of birth:

Age division:

Weight category:

Previous martial arts/ sports experience:

Placement in national/ international tournaments:

DISCLAIMER

I, the undersigned, hereby agree to completely abide by the competition regulation, the instructions given by the organizer and referees, during my participation in 2017 Combat Wrestling Asian Championship.

I hereby agree that all the publicity rights applied to this event, shall belong to FICW and the organizing parties exclusively.

I also hereby agree that I shall indemnify all the organizing parties and their related parties from any responsibilities for any inquiry or accident I may suffer as the result of my participation to this Championship.

Date:

Signature: