



APPLICATION FOR SANCTION

SECTION 1: ALL TOURNAMENTS, CLINICS, CAMPS AND COMPETITIVE EVENTS SHOULD BE SANCTIONED FOR YOUR PROTECTION

SECTION 2: NAME OF PROMOTER APPLYING FOR SANCTION CO-SANCTION

PROMOTION NAME:

Name & Address of Promoter:

Place and Location of Event:

Address:

Place:

Address:

City:

City:

State:

Zip:

State:

Zip:

Phone: ()

Fax: ()

Phone: ()

Fax: ()

Registered

Yes

No

SECTION 3: EVENT IDENTIFICATION

Name of Event

Date(s):

To be Co-Sanctioned with (if any):

Number of Participants Expected:

Type of Event:

Tournament

Clinic

Camp

Other

Competition:

Mens / Juniors

Ladies

Amateur Div.

Professional

Native American

Level D Local:

State

Inter-State

Tri-State

Regional

Divisional

SECTION 4: CERTIFICATION BY REQUESTING OFFICIAL

In applying for this sanction, the undersigned agrees:

- 1 To abide by the terms and conditions for sanctioned events.
- 2 To permit membership registration at the event and to provide the necessary forms for such registration.
- 3 To provide a complete report of the event to include all injuries that required medical attention and new membership registrations and fees, to the USMTA within 5 working days of the completion of the event.
- 4 Provide copies of the entry form, general information sheet and waiver and release form with application to the USMTA National headquarters.
- 5 Failure to do any of this, or fulfill the terms of this agreement may result in the forfeiture of future rights to sanctions.
- 6 To post the sanction for the event in public view at event site.

(Signature of Official Applying for Sanction)

(Date)

Total Sanction Fee Enclosed: \$

Sanction Number:

Approval By:

Date:

Note: Third parties requesting to be named as additional insured's may be done by completing a certificate of insurance request form for a sanctioned event.



USMTA FIGHTER INJURY REPORT FORM

SECTION 1: INFORMATION AND INSTRUCTIONS

1. Any injury sustained during a sanctioned event that required any kind of medical attention must be reported within five days of the completion of your event.
2. Attach a copy of the injured person's entry form including the waiver and release of liability signed by the participant.

SECTION 2: IDENTIFICATION

Name of Event:

Date(s) of Event:

Sanction Number:

Tournament/Clinic Director:

Club Host:

SECTION 3: INJURY REPORT

Name of Participant:

Age:

Weight:

Sex:

Khan/Rank:

(USMTA ONLY)

Membership Number(s):

Division:

Referee

Judges

Nature of Injury: _____

Name of Attending Medical Person:

Did Participant Continue to Compete?

? Yes

? No

Was Participant Taken to a Medical Facility?

? Yes

? No

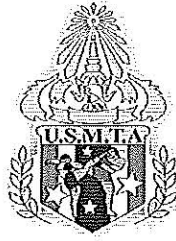
Name of Medical Facility:

What Type of Treatment was Given? _____

(Signed Name)

(Printed Name)

(Date)



REPORT OF A USMTA SANCTIONED EVENT

SECTION 1: INFORMATION AND INSTRUCTIONS

Use this form to submit your Sanction report, and to report any accidents or injuries.

1. This report must be mailed, faxed or emailed to the USMTA Head Office within 5 working days after the event.
2. Prepare and attach the injury report provided for any injury that may have required any medical attention or that you may feel is worth noting. Attach a copy of the injured persons entry form and standard waiver and release form signed by the participant.

SECTION 2: IDENTIFICATION

1. Name of Event:
2. Date of Event:
3. Sanction Number:
4. USMTA Representative:

SECTION 3: REPORT

1. Number of Participants:
2. Number of USMTA Officials:
3. Number of Injuries that Required Medical Attention:

SECTION 4: CERTIFICATION BY USMTA REPRESENTATIVE

I certify that:

1. All fighters who competed at the event were registered or members of the USMTA or other recognized organization, or applied for membership at this event.
2. The event rules for Muay Thai of the United States Muay Thai Association (USMTA), were followed in either of both divisions: Amateur/ Professional.
3. All rules and procedures for sanctioned events were followed.

(Signature of USMTA Representative.)

(Date)