



Pioneer in introducing PRO KICKBOXING in INDIA

IAKO PRO FIGHTER REGISTRATION FORM

STATE / CLUB :



Applicants Name :

Sex.....M/F Date of Birth..... Blood Group..... Weight.....

Address:

..... Police Station..... District.....

City..... PIN..... State.....

Mobile: Email..... Website.....

Kickboxing/Martial Arts experience if any : (attach copy of certificates) Yes/No

ACHIEVEMENTS in any PRO event :

UNDERTAKING : I declare that the above said information are true to the best of my knowledge and undertake to be abide by the Terms & Conditions of IAKO PRO all the time. I hereby assume all risks of physical and mental injuries, disabilities and losses which may result from or in connection to my participation for which I will neither hold responsible to the Organizers /IAKO/IAKO PRO for the same.

I agree to be abide by the Rules and Regulations of the Competitions Organizing Committee and understand that my protest must be conducted in accordance with the rules of Arbitration of IAKO PRO only. I further agreed to solve any dispute amicably subject to the jurisdiction of Bhubaneswar only.

Date:.....

Place :

.....

Signature of the Applicant

.....
Recommended by
IAKO PRO Representative

.....
Fitness recommended by a
Licensed Doctor with signature & seal

ENCLOSE : Self attested copy of Passport OR Aadhar Card OR Driving License, three nos of recent Passport size color photographs, one color action photo for any publicity purpose

President : Er. S.S. Harichandan

H.Q. : IAKO PRO, B-2/4, Kharvel Nagar, Bhubaneswar – 751001, Orissa, India

Mob: +91- 9776009677 , +91- 9937009677

E-mail: wakoindia@gmail.com , shaolinsports@gmail.com

