

# BASFAD

Belgian Amateur Sambo Federation & Assoc. Disciplines incl. Systema Kadachnikov

## INDIVIDUAL AFFILIATION FORM saison 2014-2015

Club : Town :  
Name : First Name :  
Birth date : Nationality :  
Adress : street  
Code : Town :  
Tel : Email :

The undersigning person agrees to follow Basfad requirements and internal rules and declares he is not practicing extreme fighting sports as : Ultimate fighting, Free Fight, Vale Tudo, etc...

Signature :

**for people under 18 Years, parents authorization and signatures are strictly s required.**

Date :

Parents signatures :

Mad :  Mr :   
Adress (if different) :

## MEDICAL APTITUDE CERTIFICATION

Mr Medical Doctor in .....

Declares, after examination, that M.... is physically and mentally ready to pratice Sambo (same level of effort than Judo)

Doctor's Stamp

signature



Basfad Headquarters : Chemin Landaise,11 7501 Orcq -B contact :0032.69840116

Affiliated to ASSOCIATION FRANCOPHONE DE JIU JITSU or AFFJJ