



# NMA-ISKA

NATIONAL MIXED MARTIAL ARTS ACADEMY OF SOUTH AFRICA

## REFEREE & JUDGE OFFICIAL REGISTRATION FORM

Please keep to the facts when filling in this document. It is imperative that all information within this document be 100% accurate. The Martial Arts un-written code of conduct applies at all times. Your stated rank must be from a recognised International Organisation of merit. Local Club or Style Grades must be clearly indicated.

### PERSONAL INFORMATION

IF YOU DO NOT INCLUDE A PHOTO YOUR LICENSE CANNOT BE APPROVED

CURRENT PHOTO

FULL NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

CELL No \_\_\_\_\_ OFFICE No \_\_\_\_\_

T SHIRT SIZE: \_\_\_\_\_ GI SIZE: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PROVINCE \_\_\_\_\_

TOWN \_\_\_\_\_

FROM WHICH CLUB REPRESENTED \_\_\_\_\_

INSTRUCTORS NAME \_\_\_\_\_

TRADITIONAL KARATE  KICKBOXING  OTHER  \_\_\_\_\_

DOJO/CLUB NAME \_\_\_\_\_

STYLE \_\_\_\_\_

GRADE: ( INTERNATIONAL RECOGNIZED ) \_\_\_\_\_

STYLE \_\_\_\_\_

GRADE: ( INTERNATIONAL RECOGNIZED ) \_\_\_\_\_

STYLE \_\_\_\_\_

GRADE: LOCAL \_\_\_\_\_

STYLE \_\_\_\_\_

### REFEREEING - JUDGING - OFFICIAL HISTORY

SEMI (POINTS) # YEARS EXP? \_\_\_\_\_

LIGHT (CONTINUOUS) # YEARS EXP ? \_\_\_\_\_

FULL CONTACT KICKBOXING # YEARS EXP ? \_\_\_\_\_

TRADITIONAL FIGHTING # YEARS EXP ? \_\_\_\_\_

TRADITIONAL KATA # YEARS EXP ? \_\_\_\_\_

CREATIVE FORMS # YEARS EXP ? \_\_\_\_\_

WEAPONS FORMS # YEARS EXP ? \_\_\_\_\_

JIU-JITSU # YEARS EXP ? \_\_\_\_\_

**YOU HAVE TO HAVE EXPERIENCE IN REF/JUDGING TO BECOME NMA APPROVED REF/JUDGE**

NMA WILL SHOW NO HESITATION TO REMOVE ANYONE NOT QUALIFIED OR NOT WORKING TO NMA STANDARDS WILL ALSO BE ASSESSED AND GRADED ACCORDINGLY TO NMA STANDARDS AND NOT YOUR OWN.

### APPLICATION FOR



Referee/Judge



Official

APPROVED

**TEMP LICENCE #  
IF APPROVED**

REJECTED

\_\_\_\_\_

Subject to completion of Seminar  
and final grading at Destiny

INVESTIGATE

Reference Person & Tel # \_\_\_\_\_

Reference Person & Tel # \_\_\_\_\_

**Shihan Phil Anderson is handling all registrations. Please do not contact Head office directly.**

FAX this completed document to 086 729 7790 ( Contact Shihan Phil if you have difficulty at 072 385 0581 / 044 851 0114 )

Or email a scanned copy to shihanphil@kickboxing.co.za

**NB: POST THE ORIGINAL DOCUMENT TO: SHIHAN PHIL - PO BOX 7. GEORGE. 6530**