BBK Competitor Registration Form

First Name:

Last Name:

Stage Name (Optional):

Date of Birth / Age (mm-dd-yyyy):

Phone Number:

Email Address:

City / State:

Social Media Handles (IG, TikTok, etc.):

Height:

Feet _____ Inches _____

Weight (LBS):

Gender:

○ Male ○ Female

Have you ever competed in combat sports before?

○ Yes ○ No

Are you currently affiliated with a gym or trainer?

Briefly tell us why you want to fight for BBK:

Link to a photo or video of you (training or posing):

Emergency Contact Name & Phone:

☐ I acknowledge I must sign BBK Waiver and Release of Liability, Performer Appearance Agreement and Photo/Video Release forms prior to competing.

SIGN HERE _____