



MMASA Mixed Martial Arts

APPLICATION FOR ANNUAL RENEWAL / REGISTRATION OF AFFILIATION BY
MMA GYM, COACH, OFFICIAL, COMPETITIVE SA ATHLETE (AMATEUR & PROFESSIONAL) & SA PROMOTER

To: Mixed Martial Arts South Africa

I am aware I must apply between the 1st December and 28th February and as such, I hereby apply to Renew and or Registered and Affiliated my MMA Club and or Renew or Registered as a Competitive Athlete (pg. 2) / Gym owner (pg. 3) / Coach (pg. 5) / Qualified MMA SA Official (pg. 6) and a SA Promoter (pg. 7) for the year, 2021 in terms of the regulations promulgated under the MMA South Africa Constitution which requires all MMA Gyms, SA Athletes, MMA SA Officials and SA Promoters to register and affiliate to the only recognized Regulatory Sports Body of Mixed Martial Arts in South Africa. **I agree to conform with and abide by all the regulations as issued by MMA South Africa and further certify that I have no Conflict of Interest with other MMA Federations not recognized by MMA South Africa and MASA. I am aware that Professional Licences and Promoters Licences are now renewed yearly in line with other Combat Sports and International standards and trends.** I further understand that the data collected will be used to obtain a Registration / Affiliation Certificate, a Registration Card, as well assisting in creating a detailed MMA Database to be used by Promoters, MASA, SASCOC, MMA South Africa Commissions, Subcommittees and IMMAF in terms of the development of the Sport of MMA in South Africa

1. Were you registered and affiliated last year to MMA South Africa?

YES		NO
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2. Under what capacity are you Registering and or Affiliating this year as:

Gym		Coach		Official		Amateur Athlete		Professional Athlete		Promoter	
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Province _____ Gym Name if applicable _____

I tender herewith R _____, being the prescribed Affiliation / Registration fee payable. **

R850 per gym / R100 per Athlete / R100 per Official / R850 per Promoter / NO COST to register as a Coach

Upon Renewal / Registration, a Gym becomes a member of MMA SA and has a voting Right at the Yearly AGM and all athletes registered under them, who themselves are registered, are eligible to take part in sanctioned MMA Events. Amateur athletes are also then eligible to enter the SA MMA Championship and if selected may enter international IMMAF Events. Qualified Officials who registered, dependent of Level of Qualification, can be asked to assist at Local, National, International Amateur and Pro Events. Professional athletes are now required to renew their licence yearly. Upon Renewal, a Promoter becomes a member of MMA SA and can attend the Yearly AGM.

Banking Details of MMA South Africa

Account Name: MMA South Africa
 FNB Branch: Menlyn Park
 Branch Code: 252645
 Account Number: 62409831204

*Reference for a Gym / Promoter is the Gym / Promoters Name. i.e. BOB's Fighting MMA Gym / Top Fight Promotions
 Reference for an Individual such as an athlete or official is the Name and Surname, followed by the letters: AA for (Amateur Athlete) PA for (Pro Athlete) and O for (Official) i.e. John Smith (AA) or Bobby Dlamini (O)*

**** If a Gym or athlete cannot pay the yearly subscriptions due to the fact they are a DEVELOPMENT GYM, (receive no income from the students they train) or the athlete is unemployed and receives no income and trains for free, the Gym and athlete must still register but must attach a letter requesting the yearly subscription be without charge for the registration year for the reasons stipulated. The Board will evaluate and waive the subscription fee if the reasons are validated.**

Proof of Payment to be emailed to the Secretary secretary@mma-sa.co.za & the Treasurer finance@mma-sa.co.za

ONLY SUBMIT Page 1 & the Applicable Registration / Renewal Pages signed by you. It must be emailed to

The CEO ceo@mma-sa.co.za & the Secretary secretary@mma-sa.co.za

COMPETITIVE ATHLETE

The following particulars with regard to myself who is completing the form, are true and correct, and I attach hereto documentary evidence (**Copy of ID and 1 X Colour Photograph**).

Full name: _____
Identification no.: _____ (If residing in South Africa on a VISA, please attach copy)
Age: _____
Gender: _____
Physical address: _____
Suburb _____
Municipality District _____
Town or City _____
Cell No.: _____ Home No: _____
E-mail address: _____
Nationality: _____
Country of origin: _____

AMATEUR ATHLETE	PROFESSIONAL ATHLETE
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- Weight Division for Previous Year _____
- IMMAF Belt Grading White / Yellow / Orange / Green / Blue / Purple / Brown / Black
- Other Belt Gradings and Art form _____
- Year on which one received Professional Licence _____ (Attach Copy of Licence)
(If not residing in SA & or you did not receive your Pro Licence from MMA South Africa, you are not required to complete the registration process)
- Which Pro League are you contracted to _____
- I am registered on www.mynextmatch.com YES / NO
- I am registered on the IMMAF App YES / NO
- Are you registered on Adel & have **WADA** Certification from World Anti-Doping Association YES / NO (Attach Copy of Certificates)
- Number of Events did you compete in last year including Event Name

- Fighting out of which Gym _____
- Coaches and Managers Name _____
- Current Record _____ dated _____
- Title Belts currently holding _____
- Facebook Page _____
- Instagram Handle _____
- Provincial Colours _____ Year (s) _____
- Protea Colours _____ Year (s) _____

Amateur Athletes - In order to compete at Amateur Events, SA Championship or IMMAF Events, it will be compulsory to be on the IMMAF App, registered on MyNextMatch, be certified on the WADA Database and to belong to a gym that is affiliated to MMA South Africa.

Professional Athletes – in order to compete at any Pro Events, all South African athletes need to belong to a gym that is affiliated to MMA South Africa.

Weight, Height and Reach (Amateur & Pro Athletes): _____ kg _____ cm _____ cm

I as an athlete, have no knowledge of any material fact or circumstances which, if known, would induce MMA South Africa to refuse to grant, or to grant under qualification, this application. I accept that MMA SA has the right to revoke my registration as an affiliated Member / Coach / Promoter / Official or competitive athlete should I fail to comply with all terms and conditions of the Code of Code of Conduct, Code of Ethics, for Role players of MMA SA or the Sport of Mixed Martial Arts and or bring MMA SA into disrepute. I hereby indemnify and hold MMA South Africa harmless against any and all claims for damages howsoever caused or arising during my ten ure as a registered Gym, Coach, Official or Athlete of MMA South Africa whether such damages arise out of my activities in the Fighting Area, at Events or when proceeding to or leaving venues of events.

Applicant's Signature

Date:

Forms can either be submitted electronically or handed into the Provincial Regional Board Representative to be forwarded.

Forms can be emailed to ceo@mma-sa.co.za or secretary@mma-sa.co.za

GYM

The following particulars with regard to myself who is completing the form, are true and correct, and I attach hereto documentary evidence (**Copy of ID and 1 X Colour Photograph**).

Full name: _____
Identification no.: _____
Age: _____
Gender: _____
Physical address: _____
Suburb _____
Municipality District _____
Town or City _____
Cell No.: _____ Home No: _____
E-mail address: _____
Nationality: _____
Country of origin: _____

- Gym Name _____ *(also insert your gym Name on Pg. 4 in the correct District)*
- Registered Owners Name _____ ID _____
- Is your Business registered with SARS YES / NO
- Physical Address
Street Name _____
Suburb _____
Municipality district _____
Town or City _____
Province _____
- Telephone Numbers _____
- Website Address _____
- Facebook Page _____
- Instagram Handle _____
- Club registered on www.mynextmatch.com YES / NO *(if no, please register asap)*
- Number of Recreational MMA students _____ Amateur _____ Professional _____
- Does Club teach Ages 3-7 _____ Ages 8-11 _____ Ages 12-17 _____ Ages 18-20 _____ Ages 21 - _____
- Number of Male Students _____ Female Students _____ Youth Students _____
- Are all the Competitive athletes registered to MMA SA YES / NO

If you have more than one Branch in which you are the gym owner, kindly add the additional gym details on another copy of this page, so it is registered on the database. Note that you must pay R850 per gym location and as such that entails a gym owner per location, one vote per location at the AGM. Please ensure that all South African Competitive athletes both amateur and professional register with MMA South Africa.

Attach copy of Gym Logo to be used for advertising and do / do not consent to MMA SA publishing your gym details to prospective mma clients

I as a Gym owner, have no knowledge of any material fact or circumstances which, if known, would induce MMA South Africa to refuse to grant, or to grant under qualification, this application. I accept that MMA SA has the right to revoke my registration as an affiliated Member / Coach / Promoter / Official or competitive athlete should I fail to comply with all terms and conditions of the Code of Code of Conduct, Code of Ethics, for Role players of MMA SA or the Sport of Mixed Martial Arts and or bring MMA SA into disrepute. I hereby indemnify and hold MMA South Africa harmless against any and all claims for damages howsoever caused or arising during my tenure as a registered Gym, Coach, Official or Athlete of MMA South Africa whether such damages arise out of my activities in the Fighting Area, at Events or when proceeding to or leaving venues of events.

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GEO- POLITICAL BOUNDRIES 2021

PLEASE INSERT YOUR GYM ADDRESS IN THE CORRECT PROVINCE AND MUNICIPAL DISTRICT

Eastern Cape

Sarah Baartman	
Amathole	
Baffalo City	
Chris Hanu	
Joe Gqabi/Ukhahlamba	
OR Tambo	
Alfred Nzo	
Nelson Mandela	

Free State

Xhariep	
Mangaung Metro	
Lejweleputswa	
Thabo Mofutsanyana	
Fezile Dabi	

Gauteng

Sedibeng	
Johannesburg	
Ekurhuleni	
Tshwane	
West Rand	

Kwa-Zulu Natal

Ugu	
Umgungundlovu	
Uthukela	
Umzinyathi	
Amajuba	
Zululand	
Umkhanyakude	
Uthungulu	
Ilembe	
Harry Gwala	
Ethekwini	

Limpopo

Mopani Vhembe	
Capricorn	
Waterberg	
Sekhukhune	

Mpumalanga

Gert Sibande	
Nkangala	
Ehlanzeni	

Northern Cape

Namakwa	
Pixley-ka-Seme	
John Taolo Gaetsewe(JTG)	
ZF Mgcawu	
Frances Baard	

North West

Bojanala	
Ngaka Modiri Molema	
Dr Ruth Segomotsi Mompati	
Dr Kenneth Kaunda	

Western Cape

West Coast	
Cape Winelands	
Overberg	
Eden	
Central Karoo	
Cape Town Metropolitan	

MMA COACH & ASSISTANT COACHES

The following particulars with regard to myself who is completing the form, are true and correct, and I attach hereto documentary evidence (**Copy of ID and 1 X Colour Photograph**).

Full name: _____
Identification no.: _____
Age: _____
Gender: _____
Physical address: _____
Suburb _____
Municipality District _____
Town or City _____
Cell No.: _____ Home No: _____
E-mail address: _____
Nationality: _____
Country of origin: _____

COACH	ASSISTANT COACH	YOUTH COACH
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- Do you have a Certified Coaching Qualification YES / NO
- From Whom _____ (attach copy of certificate)
- Do you have a Police Clearance as required to teach Youth YES / NO (attach copy of certificate)
- Accredited Qualifications received in the last two years _____
- **IMMAF** Belt Grading White / Yellow / Orange / Green / Blue / Purple / Brown / Black
- Other Belt Gradings and Art form _____

- Are you a Competing Amateur MMA Athlete YES / NO
- Do you have a Professional MMA Licence to compete YES / NO (license not valid after 5 years on non-competing)
- Are you a Competing Professional MMA Athlete YES / NO
- Number of Recreational students _____ Amateur athletes _____ Professional Athletes _____
- I am registered on www.mynextmatch.com YES / NO
- I am registered on the **IMMAF** App YES / NO
- Facebook Page _____
- Instagram Handle _____
- Are you registered on Adel & have **WADA** Certification from World Anti-Doping Association YES / NO (Attach copy of Certificates)
- Do you have Level 1 First Aid Course YES / NO

Submit Proof of Qualification and valid First Aid Course. If not, please refer to OHS Act that requires a Coach to have said certificate. Once obtained, please forward timeously.

I as a Coach have no knowledge of any material fact or circumstances which, if known, would induce MMA South Africa to refuse to grant, or to grant under qualification, this application. I accept that MMA SA has the right to revoke my registration as an affiliated Member / Coach / Promoter / Official or competitive athlete should I fail to comply with all terms and conditions of the Code of Code of Conduct, Code of Ethics, for Role players of MMA SA or the Sport of Mixed Martial Arts and or bring MMA SA into disrepute. I hereby indemnify and hold MMA South Africa harmless against any and all claims for damages howsoever caused or arising during my tenure as a registered Gym, Coach, Official or Athlete of MMA South Africa whether such damages arise out of my activities in the Fighting Area, at Events or when proceeding to or leaving venues of events.

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MMA SA QUALIFIED OFFICIAL

The following particulars with regard to myself who is completing the form, are true and correct, and I attach hereto documentary evidence **(Copy of ID and 1 X Colour Photograph)**.

Full name: _____
Identification no.: _____
Age: _____
Gender: _____
Physical address: _____
Suburb _____
Municipality District _____
Town or City _____
Cell No.: _____ Home No: _____
E-mail address: _____
Nationality: _____
Country of origin: _____

Judge		Referee		Table Official		Cutman
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(Indicate level, A,B or C and if International: National – N, International - i)

- Qualifications received in the last two years _____
(attach copies of Certificates)
- Are you training in MMA YES / NO
- Are you training in another Combat Sports YES / NO
- Main Province in which you normally Officiate _____
- Are you able to travel to assist at own cost at Events YES / NO
- IMMAF Belt Grading White / Yellow / Orange / Green / Blue / Purple / Brown / Black
- Other Belt Gradings and Art form _____
- I am registered on the IMMAF App YES / NO
- Facebook Page _____
- Instagram Handle _____
- I am registered on www.mynextmatch.com YES / NO
- Are you registered on Adel & have WADA Certification from World Anti-Doping Association YES / NO
(Attach copy of Certificates)
- Total number of Events worked last year Local ____ National ____ International ____

I, as an Official, have no knowledge of any material fact or circumstances which, if known, would induce MMA South Africa to refuse to grant, or to grant under qualification, this application. I accept that MMA SA has the right to revoke my registration as an affiliated Member / Coach / Promoter / Official or competitive athlete should I fail to comply with all terms and conditions of the Code of Code of Conduct, Code of Ethics, for Role players of MMA SA or the Sport of Mixed Martial Arts and or bring MMA SA into disrepute. I hereby indemnify and hold MMA South Africa harmless against any and all claims for damages howsoever caused or arising during my tenure as a registered Gym, Coach, Official or Athlete of MMA South Africa whether such damages arise out of my activities in the Fighting Area, at Events or when proceeding to or leaving venues of events.

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PROMOTER

The following particulars with regard to myself who is completing the form, are true and correct, and I attach hereto documentary evidence (**Copy of ID and 1 X Colour Photograph**).

Full name: _____

Identification no.: _____

Age: _____

Gender: _____

Physical address: _____

Suburb _____

Municipality District _____

Town or City _____

Cell No.: _____

Home No: _____

E-mail address: _____

Nationality: _____

Country of origin: _____

- Promotion Name _____

Amateur Only		Professional Only		Both	
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- Registered Owners Name _____ ID _____

- Physical Address of Registration

Street Name _____

Suburb _____

Municipality district _____

Town or City _____

Province _____

- Telephone Numbers _____

- Is the Promotion registered as a Business with a Tax number YES / NO

- Is the Promotion registered with your local municipality YES / NO

- Number of Promotional Events held Last Year including Event Name, Type & Dates

- Website Address _____

- Facebook Page _____

- Instagram Handle _____

I certify that I am conversant with and fully comply with the due requirements as stipulated in the Safety at Sports and Recreational Act (Act 2 of 2010 as amended)

Attach copy of Promotion Logo to be used for advertising, your Year Planning of Events and we do / do not consent to MMA SA publishing your Promotion details to prospective mma clients

I, as a Promoter, have no knowledge of any material fact or circumstances which, if known, would induce MMA South Africa to refuse to grant, or to grant under qualification, this application. I accept that MMA SA has the right to revoke my registration as an affiliated Member / Coach / Promoter / Official or competitive athlete should I fail to comply with all terms and conditions of the Code of Code of Conduct, Code of Ethics, for Role players of MMA SA or the Sport of Mixed Martial Arts and or bring MMA SA into disrepute. I hereby indemnify and hold MMA South Africa harmless against any and all claims for damages howsoever caused or arising during my tenure as a registered Gym, Coach, Official or Athlete of MMA South Africa whether such damages arise out of my activities in the Fighting Area, at Events or when proceeding to or leaving venues of events.

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