



# APPLICATION FOR A CONTESTANT LICENCE

TYPE or PRINT in black or blue ink

1. Date of Application:	(YYYY-MM-DD)	2. Licence Type:	MMA <input type="checkbox"/> Kickboxing <input type="checkbox"/> Boxing <input type="checkbox"/>
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APPLICANT INFORMATION

3. First Name:		4. Last Name:	
5. Date of Birth:	(YYYY-MM-DD)	6. Ring Name:	

7. Current Address:			
Apartment	Street No.	Street Name	
City	Province/State	Postal Code/ZIP	

8. Telephone & Email Information:	
Business	Home
Cellular	Fax
Email	

9. Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>	10. Distinguishing Marks:	
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11. Height:	_____ cm. or _____ ft. _____ in.	12. Fighting Weight:	_____ kg. or _____ lbs.
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13. Eye Colour:		14. Hair Colour:	
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15. Professional Start Date:	(YYYY-MM-DD)	16. Professional Record:	
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17. Previous Licenses:	
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18. Name of Manager or Chief Second:	
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19. Required Documents & Fees:	
a. Valid government-issued identification	Attached: <input type="checkbox"/>
b. Applicant's Competitive Record	Attached: <input type="checkbox"/>

20. Declaration of Applicant:	
<input type="checkbox"/>	<b>Consent by Contestant to Collection of Personal Health Information</b> I consent to the Regional Municipality of Wood Buffalo Combative Sports Commission collecting my personal health information directly from a physician who examines me for the purpose of determining whether I should be issued a Contestant Licence, whether the state of my physical and mental health is such that I can participate in combative sports without undue risk to myself or others and whether I require a suspension from combative sports and/or medical attention or for any other purpose respecting the Commission regulation of combative sports. I recognize this will be a medical examination with detailed personal health information. I hereby authorize any physician who examines me to provide the information directly to the Commission, upon the request of the Commission.
<input type="checkbox"/>	<b>Consent by Contestant to Disclosure of Personal Health Information</b> I consent to the Regional Municipality of Wood Buffalo Combative Sports Commission disclosing the personal health information it collects in relation to issuing me a Contestant Licence and information collected in pre-fight and post-fight examinations to a regulatory commission or similar authority in any jurisdiction in which I compete or apply to compete, for the purpose of determining whether I should be issued a Contestant Licence, whether the state of my physical and mental health is such that I can compete in a contest without undue risk to myself or others and whether I require a suspension from combative sport and/or medical attention or any other purpose respecting the Commission's regulation of combative sports. <b>NOTE:</b> By signing this application you are applying for a Contestant Licence in the Regional Municipality of Wood Buffalo and you are consenting to the collection and disclosure of your personal health information in the manner described above.

21. Signature of Applicant:	
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22. Commission Use Only:	Date Received (YYYY-MM-DD)	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>	Contestant Licence No.
	Licence valid on only on (YYYY-MM-DD)	Comments	Commission Signature



## APPLICATION FOR A CONTESTANT LICENCE INSTRUCTION GUIDE

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1. **DATE OF APPLICATION:** This must be the date you submit your application, when completed, to the Regional Municipality of Wood Buffalo Combative Sports Commission.
2. **LICENCE TYPE:** Please check the appropriate box matching the event in which you wish to participate.
3. **FIRST NAME:** Please list all your given names.
4. **LAST NAME:** Please list your legal last name.
5. **DATE OF BIRTH:** Please list your birthdate (YYYY-MM-DD).
6. **RING NAME:** Please list your current and former Ring Name(s).
7. **CURRENT ADDRESS:** Please list your current address, not a business or corporate address.

**NOTE:** All correspondence will go to this address unless you indicate your email address in Section 8. Indicating an email address will authorize all correspondence, including file and personal information, to be sent to the email address you specify.

8. **TELEPHONE & EMAIL INFORMATION:** It is important that you complete all sections so that, if necessary, a member of the Commission can reach you in a timely manner.
9. **GENDER:** Please indicate your gender.
10. **DISTINGUISHING MARKS:** These can include but are not limited to tattoos, piercings, and scars.
11. **HEIGHT:** You are permitted to list your height either by metric or imperial measure.
12. **FIGHTING WEIGHT:** You are permitted to list your fighting weight either by metric or imperial measure.
13. **EYE COLOUR:** Please list your eye colour.
14. **HAIR COLOUR:** Please list your hair colour.
15. **PROFESSIONAL START DATE:** Please list the date on which your professional career commenced.
16. **PROFESSIONAL RECORD:** Please list your professional record, including wins, losses and draws.
17. **PREVIOUS LICENSES:** Please list any previous Contestant or Applicant Licenses you may have held in this or other jurisdictions as a boxer, kick-boxer or Mixed Martial Arts fighter.
18. **NAME OF MANAGER OR CHIEF SECOND:** Please list the name of the person who will act as your manager or Chief Second.

**NOTE:** If the name is not available on the date of your application for a Contestant Licence, you must advise the Commission prior to the date of the event.

19. **REQUIRED DOCUMENTS & FEES:**
  - a. An Applicant must provide valid government-issued identification to verify their identity, including full name, date of birth and current address.
  - b. The Applicant's Competitive Record must list all bouts fought as a professional athlete, including wins, losses and draws.
20. **DECLARATION OF APPLICANT:** Please carefully read the statements provided in this Section. If you agree, please check off each box and place your initials below each box.
21. **SIGNATURE OF APPLICANT:** Please sign here once you have completed Sections 1 – 20.
22. **COMMISSION USE ONLY:** Please do not complete this section.

**PLEASE E-MAIL YOUR FULLY COMPLETED APPLICATION AND ALL REQUIRED DOCUMENTS**

**TO: RMWB Combative Sports Commission - [wbcmbativesports@gmail.com](mailto:wbcmbativesports@gmail.com)**

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