



(Approved form: section 8 of the *Combat Sports Act (2008)*)

Application for registration as a combatant

DETAILS OF APPLICANT (THE PERSON TO BE REGISTERED AS A PROFESSIONAL COMBATANT FOR THE FIRST TIME)

Full Name (INCLUDE FIRST, SURNAME AND MIDDLE NAMES)

Other names (COMPLETE IF YOU HAVE BEEN KNOWN BY ANY OTHER NAME/S)

Street Address

Suburb

State

Postcode

Date of birth

Place of birth

Phone

Mobile

Fax

Email

Name to be used whilst competing (IF DIFFERENT FROM ABOVE)

SPORTS AND DISCIPLINES COVERED IN THIS APPLICATION (TICK AS APPROPRIATE).

Boxing Wrestling Kick Boxing Muay Thai Thai Boxing

Mixed Martial Arts Ju-Jitsu

COMBATANT'S SPORT HISTORY (DETAILS OF YOUR LAST 6 CONTESTS).

Date of Contest	Venue	Opponent	Result	Result of medical check-up done after contest
1.				
2.				
3.				

4.				
5.				
6.				

REQUIREMENTS FOR REGISTRATION

NOTES:

AT THE TIME OF INITIAL REGISTRATION YOU NEED TO PROVIDE:

EVIDENCE OF YOUR IDENTITY BY COMPLETING THE REQUIREMENTS OF A 100 POINT CHECK EITHER IN PERSON OR PROVIDING CERTIFIED COPIES OF THE REQUIRED DOCUMENTS

TWO PASSPORT PHOTOS

A CERTIFICATE FROM A MEDICAL PRACTITIONER STATING YOU ARE FIT TO COMPETE (THIS CERTIFICATE MUST BE GIVEN NOT MORE THAN 7 DAYS BEFORE THE DATE OF THIS APPLICATION)

ALL THE DETAILS REQUESTED IN THE APPLICATION FORM.

I have attached the requirements of the 100 point check	YES / NO
I will complete the 100 point check in person	YES / NO
I have attached 2 passport photos	YES / NO
I have attached the required medical certificate	YES / NO
I have fully completed the application form	YES / NO

DECLARATION

I consent to the Combat Sports Authority undertaking a “fit and proper” person assessment. I understand that this may include a requirement that I provide to the Authority a Criminal History Record Check and that I would be responsible for obtaining and paying for this check, if it is required.

I declare that the information provided is true and correct.

I enclose payment of \$100 being the registration fee.

Signature	Date
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OFFICE USE ONLY - SPORT AND RECREATION STAFF ONLY – 100 POINT CHECK.

I have sighted and copied the following documents for the purpose of completing the 100 point check.

Signature	Date
Name	Staff no.

Return form to Combat Sports Authority Locked Bag 1422, Silverwater NSW 2128