

(Approved form: section 12 of the *Combat Sports Act (2008)*)

Application for Renewal of Registration as a Combatant – Annual return

DETAILS OF APPLICANT (THE PERSON TO HAVE THEIR REGISTRATION AS A PROFESSIONAL COMBATANT RENEWED)		
Full Name (INCLUDE FIRST, SURNAME AND MIDDLE NAMES)		
Combatant registration number:		
Street Address		
Suburb	State	Postcode
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 <input type="checkbox"/> Wrestling <input type="checkbox"/> Kick Boxing <input type="checkbox"/> Muay Thai <input type="checkbox"/> Thai Boxing <input type="checkbox"/> Mixed Martial Arts <input type="checkbox"/> Ju-Jitsu <input type="checkbox"/>		
REQUIREMENTS FOR RENEWAL OF REGISTRATION		
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 required medical certificate	YES / NO	
I have fully completed the application form	YES / NO	
I have attached two passport sized photos	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	