



Notification must be received prior to commencing activities within Western Australia. Automatic deemed registration will not be finalised until an interstate clearance has been received from your home state authority.

APPLICANT DETAILS

FAMILY NAME:		GIVEN NAMES:	
RESIDENTIAL ADDRESS:		POST CODE:	
POSTAL ADDRESS:		POST CODE:	
HOME PHONE:	WORK PHONE:	MOBILE:	
EMAIL:		GYM / TRAINER NAME:	
DATE OF BIRTH (DD/MM/YYYY):		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
EMERGENCY CONTACT/ NEXT OF KIN (NAME):		CONTACT NUMBER:	

TO BE REGISTERED IN THE FOLLOWING CAPACITIES (please tick all that apply):

<input type="checkbox"/> CONTESTANT	<input type="checkbox"/> PROMOTER	<input type="checkbox"/> REFEREE
<input type="checkbox"/> TRAINER	<input type="checkbox"/> MANAGER	<input type="checkbox"/> JUDGE
<input type="checkbox"/> SECOND	<input type="checkbox"/> MATCHMAKER	<input type="checkbox"/> TIMEKEEPER

TO BE REGISTERED IN THE FOLLOWING CLASSES (please tick all that apply):

<input type="checkbox"/> Boxing	<input type="checkbox"/> Muay Thai	<input type="checkbox"/> MMA	<input type="checkbox"/> Kickboxing	<input type="checkbox"/> Other: _____
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CONTEST RECORD (for Contestants only):

COMBAT SPORT	AMATEUR RECORD			PROFESSIONAL RECORD		
	WIN	LOSS	DRAW	WIN	LOSS	DRAW
Boxing						
Muay Thai						
Kickboxing						
Mixed Martial Arts						
Other						

DETAILS OF CURRENT REGISTRATION:

ARE YOU CURRENTLY REGISTERED/LICENSED WITH ANY COMBAT SPORT AUTHORITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATE/COUNTRY:
CAPACITY/OCCUPATION/ACTIVITY:	CLASS / COMBAT SPORT:	
PRINCIPAL PLACE OF COMBAT SPORTS WORK/PARTICIPATION (STATE/COUNTRY):	REGISTRATION/LICENSE NUMBER:	
IS YOUR REGISTRATION/LICENSE SUBJECT TO ANY CONDITIONS (IF YES PROVIDE DETAILS):		



DECLARATION (If your response is yes then please provide further details, confidentiality of your answers is assured)

Have you ever been convicted of/or are you currently charged with any criminal offence including but not limited to offences involving violence, drugs, fraud or theft?

☐ YES ☐ NO

Details:

Are you currently subject to disciplinary, civil or criminal action (including investigations) in any state or territory in relation to the capacity, occupation or activities that is the subject of this notification?

☐ YES ☐ NO

Details:

Is your registration/license cancelled or suspended in any state or territory due to disciplinary action?

☐ YES ☐ NO

Details:

Are you otherwise prohibited in any way from carrying out the capacity, occupation or activities that is the subject of this notification, in any state or territory?

☐ YES ☐ NO

Details:

Declaration - I declare that the information provided in this application is true and correct in every detail and I undertake to immediately advise the Combat Sports Commission of any change in my circumstances which may be relevant to my registration. I acknowledge that under s53 of the *Combat Sports Act 1987* (the *Act*) I am liable for a fine of up to \$12,000 if I provide any information that is false or misleading.

Probity Check - I acknowledge that I may be subject to a probity check to determine if I am a fit and proper person for the purposes of the *Act*.

Permission to disclose and publish personal Information - I give permission to the Combat Sports Commission (the Commission) to record my registration details, contest records and medical details and disclose these details to other regulatory bodies in Australia and elsewhere.

Agreement to participate in anti-doping testing - I agree to participate, when requested to do so, in anti-doping testing for substances and methods listed in the current World Anti-Doping Agency (WADA) List of Prohibited Substances and Methods. I acknowledge that I must not take or allow any person to administer to me any substance or method that is listed as prohibited in the WADA List of Prohibited Substances and Methods.

SIGNED:

DATE:

PARENTAL CONSENT (this MUST be completed by the parent/guardian of contestants under 18 years of age):

I, the undersigned parent or guardian of the applicant who is a minor, assert that I have the legal authority to act on behalf of the minor, and I execute the above Declaration on behalf of the minor, and bind myself and the minor to its conditions.

NAME OF PARENT / GUARDIAN:

DATE:

SIGNATORY'S RELATIONSHIP TO APPLICANT:

SIGNED:

Please send to:

Executive Manager
Combat Sports Commission
PO Box 8349, Perth Business Centre WA 6849
Phone: 08 6552 1604
Email: combatsport@cits.wa.gov.au
ABN: 85 243 853 379