



# Referee Certificate of Fitness

**PLEASE NOTE:** This certificate is applicable to those registering as Combat Sport Referees only.

## Applicant details:

Full name of the applicant:

Address:	Suburb:	Postcode:
Date of Birth: <i>(dd/mm/yyyy)</i> ____/____/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

## Certification:

I certify that this person is **FIT / UNFIT** (*delete one*) to referee combat sports contests.

Print Name: <i>Medical Practitioner</i>	Signed: <i>Medical Practitioner</i>
Provider Number:	Date: ____/____/____

Medical practitioner's stamp: