



## GENERIC TO ALL APPLICANTS

Please ensure payment details and any required additional documents are included with your completed registration form.

Registrations must be received AT LEAST 5 days before the date of any contest in which the contestant intends to compete and will not be finalised unless ALL required details, fees and additional documents are provided.

### 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 PERSON / NEXT OF KIN:			
NAME:		CONTACT NUMBER:	

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

You are required to provide all the listed additional documentation to complete your registration.

Only Registrants over the age of 18 years may apply to be an Industry Participant.

<input type="checkbox"/>	<b>CONTESTANT \$101.50</b> Additional Documentation: - A Serology Certificate (6 monthly) - A Certificate of Fitness (12 monthly) - One electronic or 2 hardcopy passport photographs - A copy of photo identification	<input type="checkbox"/>	<b>PROMOTER \$334.50</b> Additional documentation: - A statement of experience - One electronic or 2 hardcopy passport photographs - A copy of photo identification	<input type="checkbox"/>	<b>REFEREE \$101.50</b> Additional documentation: - A Certificate of Fitness (12 monthly) - A statement of experience - One electronic or 2 hardcopy passport Photographs - A copy of photo identification - CSC written Assessment
<input type="checkbox"/>	<b>TRAINER \$83.50</b> Additional documentation: - A statement of experience - One electronic or 2 hardcopy passport photographs - A copy of photo identification	<input type="checkbox"/>	<b>MANAGER \$167.00</b> Additional documentation: - A statement of experience - One electronic or 2 hardcopy passport photographs - A copy of photo identification	<input type="checkbox"/>	<b>JUDGE \$81.00</b> - A statement of experience - One electronic or 2 hardcopy passport Photographs - A copy of photo identification - CSC written Assessment
<input type="checkbox"/>	<b>SECOND \$30.00</b> Additional documentation: - A statement of experience - One electronic or 2 hardcopy passport photographs - A copy of photo identification	<input type="checkbox"/>	<b>MATCHMAKER \$167.00</b> Additional documentation: - A statement of experience - One electronic or 2 hardcopy passport photographs - A copy of photo identification	<input type="checkbox"/>	<b>TIMEKEEPER \$ 81.00</b> - A statement of experience - One electronic or 2 hardcopy passport Photographs - A copy of photo identification - CSC written Assessment

### TO BE REGISTERED IN THE FOLLOWING CLASSES (please tick all that apply. There is no additional cost for registering in more than one class):

Boxing  Muay Thai  MMA  Kickboxing  Other: \_\_\_\_\_

If you are registering in two or more capacities the cost of your registration will be the cost of the most expensive registration plus \$80 for each additional capacity.

### 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 ANY PREVIOUS REGISTRATIONS:

HAVE YOU EVER BEEN REGISTERED WITH ANY COMBAT SPORT AUTHORITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATE/COUNTRY
CLASS / COMBAT SPORT:	CAPACITY:	

### DISCIPLINARY ACTION (this MUST be completed for your registration to be considered):

Have you ever been disciplined or had your registration with any combat sport authority cancelled or suspended? If so, please provide details.

YES  NO

Details:

### PROBITY CHECK (this MUST be completed for your registration to be considered. 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? If so, please provide details.

YES  NO

Details:

### DECLARATION (this MUST be completed for your registration to be considered):

**Declaration** - I declare that the information provided in this application is true and correct in every detail. 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:

### PAYMENT DETAILS (the Commission's preferred method of payment is online through Bpoint):

<input type="checkbox"/> CREDIT CARD PAYMENTS	WEBSITE: <a href="https://www.bpoint.com.au/payments/CombatSportsCommission">https://www.bpoint.com.au/payments/CombatSportsCommission</a>	BILLER CODE: 1335645
If you do not have internet access, please provide you credit card details below:		
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD		
NAME ON CARD:	CARDHOLDER'S SIGNATURE:	
CARD NUMBER:	EXPIRY DATE:	AMOUNT: \$
<input type="checkbox"/> ONLINE BANKING/DIRECT DEPOSIT	Name: CSC Bank: Commonwealth Bank BSB: 066-040 ACC#: 16700105	Date: / /
IF PAYING BY ONLINE BANKING OR DIRECT DEPOSIT PLEASE INCLUDE YOUR LAST NAME AS THE PAYMENT DESCRIPTION.		
<input type="checkbox"/> CASH /CHEQUE	PLEASE NOTE CASH CAN ONLY BE PAID AT DEPARTMENT OFFICES DURING BUINESS HOURS.	

Please ensure that you have attached ALL the documents and payments relevant to your application and send to:

Executive Officer  
Combat Sports Commission  
PO Box 8349, Perth Business Centre WA 6849  
Phone: 08 6552 1604  
Fax: 08 6551 9359  
Email: [combatsport@dlgsc.wa.gov.au](mailto:combatsport@dlgsc.wa.gov.au)  
ABN: 85 243 853 379