



## GENERIC TO ALL APPLICANTS

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

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

### APPLICANT DETAILS

FAMILY NAME:		GIVEN NAMES:	
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	CURRENT REGISTRATION # <b>WA</b>
<b>EMERGENCY CONTACT PERSON / NEXT OF KIN:</b>			
NAME:		CONTACT NUMBER:	

### REGISTRATION TO BE RENEWED 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)	<input type="checkbox"/>	<b>PROMOTER \$334.50</b>	<input type="checkbox"/>	<b>REFEREE \$101.50</b> - A Referee Certificate of Fitness (12 monthly)
<input type="checkbox"/>	<b>TRAINER \$83.50</b>	<input type="checkbox"/>	<b>MANAGER \$167.00</b>	<input type="checkbox"/>	<b>JUDGE \$81.00</b>
<input type="checkbox"/>	<b>SECOND \$30.00</b>	<input type="checkbox"/>	<b>MATCHMAKER \$167.00</b>	<input type="checkbox"/>	<b>TIMEKEEPER \$81.00</b>

### 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						

### PROBITY CHECK (this MUST be completed for your registration renewal 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 renewal 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 disclose 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: 1335660
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  
 Department of Local Government, Sports and Cultural Industries  
 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