

The Professional Combat Sports Commission must ensure that all participants in professional contests and exhibitions of unarmed combat, including but not limited to boxing; mixed martial arts; Muaythai and kickboxing contests in Western Australia are registered with an approved combat sport authority. Participants without a current registration must apply to register with the Commission and all registrations will be subject to conditions determined by the Commission.

INDUSTRY PARTICIPANTS

Must provide ALL of the following documents:

- Completed application form;
- Prescribed registration fee/s;
- (2) Recent passport size photographs - hard copies;
- Copy of First Aid Certificate (Trainers and Referees);
- Proof of age – photocopy of your driver's licence with photo or passport; and
- Detailed officiating record (Referees, Judges & Timekeepers.)

CONTESTANTS

Must provide ALL of the following documents:

- Completed application form;
- Prescribed registration fee/s;
- Detailed fight record (win/loss/draws, opponent, date, venue);
- (2) Recent passport size photographs - hard copies;
- Copy of current Serology Certificate;
- Current Certificate of Fitness; and
- Proof of age – photocopy of your driver's licence with photo or passport.

Applications will not be processed unless ALL required certificates, attachments and fees are included with the application form. Incomplete applications will be returned unprocessed to the applicant.

**Registrations and renewals must be submitted AT LEAST 3 days prior to a promotion if the applicant wishes to be considered for that promotion.

APPLICANT DETAILS (Applicant must have obtained the age of 18 years to be eligible to apply)

FAMILY NAME		GIVEN NAMES		FIGHT NAME	
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	

APPLICATION TO OBTAIN A WESTERN AUSTRALIAN COMBAT SPORT LICENCE IN THE FOLLOWING CLASS:

- Class – Boxing
 Class – Kickboxing / Muaythai
 Class (Other) _____

CATEGORY – PLEASE NOTE: Referee's are registered as a Judge and Timekeeper, Judges are also registered as a Timekeeper:

- | | | |
|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Contestant | <input type="checkbox"/> Promoter | <input type="checkbox"/> Referee* |
| <input type="checkbox"/> Trainer/Coach | <input type="checkbox"/> Match Maker | <input type="checkbox"/> Judge |
| | <input type="checkbox"/> Manager | <input type="checkbox"/> Timekeeper |

HAVE YOU EVER BEEN REGISTERED WITH ANY OTHER COMBAT SPORT AUTHORITY?		<input type="checkbox"/> YES <input type="checkbox"/> NO	STATE/COUNTRY
REGISTRATION #	CLASS	CATEGORY	
HAVE YOU EVER BEEN SUSPENDED OR HAD YOUR REGISTRATION WITH ANY OTHER COMBAT SPORT AUTHORITY CANCELLED?		<input type="checkbox"/> YES <input type="checkbox"/> NO	DETAILS

IF YOU HAVE A COMBAT SPORTS RELATED BUSINESS, PLEASE PROVIDE THE FOLLOWING DETAILS.

BUSINESS NAME & ADDRESS	
MOBILE	EMAIL

PHOTOGRAPH AND IDENTIFICATION DETAILS	
DRIVERS LICENCE #	or PASSPORT #
EXPIRY DATE	COUNTRY OF ISSUE
I have enclosed a photocopy of this document <input type="checkbox"/>	I have enclosed a photocopy of this document. <input type="checkbox"/>

PROBITY CHECK Applicants may be subject to a probity check. Confidentiality is assured regarding your answers.

Have you been convicted of/or are you currently charged with any offences involving violence, drugs (illicit) use / distribution or fraud / theft? If so, please provide details. Answers to this question are not a determination with respect to this application, rather a relevant consideration.

- Yes No

Details:

PLACE
PHOTOGRAPH
HERE

CATEGORY SPECIFIC DOCUMENTS WHICH MUST BE UPDATED (please tick your enclosed documents):

If you are registering in two (2) or more classes, you must pay the most expensive class fee, PLUS \$22 for each additional class. E.g. If you wish to register as a Promoter, Matchmaker and a Manager the total cost will be \$154.00.

REFEREES (\$22)

- Form & Fee;
- Please provide a current Certificate of Fitness (12 monthly);
- Please provide a current Serology Certificate (6 monthly);
- Statement of experience; and
- Provide evidence of a current Senior First Aid or Sports Medicine qualification;

JUDGES & TIMEKEEPERS (\$22)

- Statement of experience; and
- Form & Fee.

CONTESTANTS (\$22)

- Form & Fee;
- Provide a current Serology Certificate (6 monthly); and
- Provide a current Certificate of Fitness (12 monthly)

PROMOTERS (\$110) MATCHMAKERS (\$55) & MANAGERS (\$55)

- Form & Fee; and
- Statement of experience.

TRAINERS/INSTRUCTORS/COACHES (\$27.50)

- Form & Fee; and
- Provide evidence of a current first aid or sports medicine qualification.

CONTEST RECORD - Contestant

COMBAT SPORT	No. OF AMATEUR CONTESTS	No. OF PROFESSIONAL CONTESTS	# WON	# LOST	# DRAWN/OTHER

CONTEST RECORD - Official

COMBAT SPORT	No. OF AMATEUR CONTESTS	No. OF PROFESSIONAL CONTESTS	REFEREE	JUDGE	TIMEKEEPER

DECLARATION (All Participants):

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

Permission to Disclose and Publish Personal Information - I give permission to the WA Professional Combat Sports Commission to publish my personal registration details, contest records and medical details in the database of the Commission and I approve of the Commission disclosing such 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 using methods of the Australian Sports Drug Agency for drugs published by the World Anti-Doping Agency in the most recent World Anti-Doping Code.

SIGNED _____ DATE _____

PAYMENT DETAILS: CASH CANNOT BE TAKEN AT THE WEIGH IN. PLEASE PAY DURING OFFICE HOURS OR PROVIDE CREDIT DETAILS.

CREDIT CARD PAYMENTS - VISA MASTERCARD

NAME ON CARD:

CARDHOLDER'S SIGNATURE:

CARD NUMBER:

EXPIRY DATE:

AMOUNT: \$

CASH

DIRECT DEPOSIT

PCSC - Commonwealth Bank BSB 066-040 ACC# 16700105

CHEQUE

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

Executive Officer,
Professional Combat Sports Commission
Department of Sport and Recreation
PO Box 329, LEEDERVILLE WA 6903
Phone: 08 9492 9700
Fax: 08 9492 9711
Email: combatsport@dsr.wa.gov.au
ABN: 85 243 853 379

ACCOUNTS
USE
ONLY

OFFICE USE ONLY

APP FORM COMPLETE	PHOTO	FITNESS	SEROLOGY
STATEMENT OF EXPERIENCE	DECLARATION	SENIOR FIRST AID	JUDGE EXPERIENCE
REFEREE EXPERIENCE	WRITTEN TEST	FEE PAID	
DATE	REGO #	LETTER & CONS	CARD
			TRIM ID
			DATABASE