

Edmonton



EDMONTON COMBATIVE SPORTS  
COMMISSION

P.O. Box 2359  
Edmonton, AB  
T5J 2R7

## Edmonton Combative Sports Commission Contestant Event Licence Application

APPLICANT'S LEGAL NAME		IDENTIFICATION (PICTURE):	
Phone / contact:			
MAILING ADDRESS	CITY	PROVINCE	POSTAL CODE
RETIREMENT / INACTIVITY FOR MORE THAN ONE YEAR	GENDER	AGE	DATE of LAST FIGHT
ECSC Licence Number:	Valid Date:		
E-MAIL ADDRESS:			
EVENT TYPE: <i>BOXING / MIXED MARTIAL ARTS / OTHER: (PLEASE SPECIFY)</i>			
PROMOTER:			
MAILING ADDRESS:	CITY	PROVINCE	POSTAL CODE
Phone / contact:			

The personal information requested on this form is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy (FOIP) Act* for the purpose of the administration, management and licensing purposes for the City of Edmonton and the Edmonton Combative Sports Commission (ECSC). In particular, your personal information on this form may be disclosed to other relevant governing bodies and/or commissions regulating combative sports, as well as combative sports records databases. If you have any questions about the collection, use or disclosure of your personal information, please contact the City of Edmonton Combative Sports administrator, c/o 17th Floor, Edmonton Tower, 10111 - 104 Avenue NW, Edmonton, Alberta T5J 0J4 or at 780-495-0382 or through email: [ecsc@edmonton.ca](mailto:ecsc@edmonton.ca).



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**Please read the following and confirm “YES” or “NO” to each statement:**

I confirm that I am a member in good standing with my home Combative Sports or related Commission and I'm not under any combative sport fight or related suspension from any international, national, provincial / state, municipal or tribal sanctioning body.

YES \_\_\_\_\_ NO \_\_\_\_\_

I confirm that I, or my designated representative, have provided all the necessary medical information, including medications and prescriptions, to the Chief Medical Officer.

YES \_\_\_\_\_ NO \_\_\_\_\_

I confirm that my fight and medical history (suspensions and medical information) is accurate and up-to-date.

YES \_\_\_\_\_ NO \_\_\_\_\_

I confirm that I have **NOT** sustained any head injuries, concussions or knock-outs as a result of blows to the head, whether it be in sanctioned events, unsanctioned events, training or any other activities in the past 60 days.

YES \_\_\_\_\_ NO \_\_\_\_\_

I confirm that I have **NOT** sustained any other injuries, whether it be in sanctioned events, unsanctioned event, training or any other activities in the past 90 days that would impact or limit my ability to effectively compete in my chosen event.

YES \_\_\_\_\_ NO \_\_\_\_\_

I confirm that I have read all the rules and regulations of the Edmonton Combative Sports Commission.

YES \_\_\_\_\_ NO \_\_\_\_\_

Contestant \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please note, failure to fully complete this application may result in denial of a license being granted.** Any misleading or false information on this Application may result in prosecution under the laws of the City of Edmonton. The Edmonton Combative Sports Commission (the “Commission”) has final authority and may suspend or revoke a license. **This information is mandatory for all promoters when making an application for an Promoter Licence. Pursuant to City of Edmonton Bylaw 15594, Combative Sports Bylaw, Section 5(g):** The ECSC Executive Director to request any additional information reasonably required to review and process any event application.

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