



ecsc@edmonton.ca
 (780) 218-2966
 P.O. Box 2359
 Edmonton, AB
 T5J 2R7

Please note, failure to fully complete this application, or submitting any misleading or false information may result in refusal of licence and prosecution under the laws of the City of Edmonton. Pursuant to City of Edmonton Bylaw 15594, *Combative Sports Bylaw, Section 5(g)*: the ECSC Executive Director may request any additional information reasonably required to review and process any application. The Edmonton Combative Sports Commission (the "Commission") has final authority and may suspend or revoke a licence.

Edmonton Combative Sports Commission Contestant Annual Licence Application			
APPLICANT'S LEGAL NAME		IDENTIFICATION (Attach a copy of government issued photo ID)	
MAILING ADDRESS		CITY	PROVINCE
			POSTAL CODE
PHONE/CELL:		GENDER	AGE
			DATE OF BIRTH
EMAIL:			
Annual Licence Fee of \$25.00 PAID? (Internal Use)			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
Licence Number (Internal Use)		YEAR: (Internal Use)	



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Applicant please read the following and confirm “YES” or “NO” to each statement:

1. I consent to the ECSC collection and use of my medical records and related information for the purpose of participating in ECSC sanctioned events.
 YES _____ NO _____

2. I consent that the ECSC Executive Director may consult with and obtain relevant and material information from the Edmonton Police Service, Alberta Health Services, and City of Edmonton Departments.
 YES _____ NO _____

3. I confirm that I will abide by all the rules and regulations of Bylaw 15594 and the Edmonton Combative Sports Commission.
 YES _____ NO _____

4. I understand that receiving an ECSC Annual Contestant Licence does not in any respect imply, indicate or specify an applicant's health status or medical fitness.
 YES _____ NO _____

Applicant Signature _____ **Date** _____