



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 Combination Contestant Annual and Event Licence Application

APPLICANT'S LEGAL NAME: PHONE/CELL:		IDENTIFICATION (Attach a copy of government-issued photo ID)	
MAILING ADDRESS	CITY	PROVINCE	POSTAL CODE
INACTIVITY more than one year? (circle) YES or NO <i>(if inactive for 1 year or more, boxing contestants are only permitted to compete in bouts of 8 rounds or less)</i> LAST FIGHT DATE:	GENDER	AGE (N.B 40+ Athlete)	DATE OF BIRTH
E-MAIL ADDRESS:			
EVENT TYPE (Please circle): <i>BOXING</i> <i>MIXED MARTIAL ARTS</i> <i>OTHER: (PLEASE SPECIFY)</i> _____			
EVENT DATE: _____			
FULL NAME OF SECONDS: 1. 2.			

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 .



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3.	
*4.	* for Championship Fights Only
PROMOTER NAME:	
(Internal Use) Annual Licence \$25 Paid?	Event Licence \$75 Paid?
<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input type="checkbox"/> NO	<input type="checkbox"/> NO
Annual Licence Number (Internal Use)	YEAR: (Internal Use)
Event Licence Number (Internal Use)	EVENT DATE: (Internal Use)

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

ANNUAL & EVENT LICENCE:

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 _____



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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 _____

5. 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 _____

6. I confirm that I will abide by all the rules and regulations of the Edmonton Combative Sports Commission.

YES _____ NO _____

Applicant Signature _____ **Date** _____