



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 license and prosecution under the laws of the City of Edmonton. The ECSC Executive Director to request any additional information reasonably required to review and process any event application.

Edmonton Combative Sports Commission Contestant Annual 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	LAST FIGHT DATE
Licence Number	Valid Date:		
E-MAIL ADDRESS:			

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 read all the rules and regulations of the Edmonton Combative Sports Commission.

YES _____ NO _____

Signature _____ Date _____