



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.

GENERIC TO ALL APPLICANTS

Applicants must provide ALL of the following documents:

- Completed application form; and
- Prescribed registration fee/s.

Applications will not be processed unless ALL required certificates, attachments and fees are included with the application form.

****COMPLETED Registrations must be finalised prior to the weigh-in of 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	

I apply to participate in Western Australia in a professional combat sport contest in the following:

<input type="checkbox"/> Class – Boxing	<input type="checkbox"/> Class – Kickboxing / Muaythai	<input type="checkbox"/> Class (Other) _____
<input type="checkbox"/> Category – Contestant	<input type="checkbox"/> Category – Trainer/Coach/Corner man	<input type="checkbox"/> Category - Manager

REQUIRED CATEGORY SPECIFIC DOCUMENTS (please tick your enclosed documents)

CONTESTANTS (\$22) <ul style="list-style-type: none"> <input type="checkbox"/> Form, Fee & Photocopy of Identification (Passport/Drivers License); <input type="checkbox"/> Provide a current Serology Certificate (6 monthly); and <input type="checkbox"/> Provide a current Certificate of Fitness (12 monthly). 	TRAINERS/INSTRUCTORS/COACHES (\$27.50) <ul style="list-style-type: none"> <input type="checkbox"/> Form & Fee; <input type="checkbox"/> Photocopy of Identification (Passport/Drivers License); and <input type="checkbox"/> Provide evidence of a current first aid or sports medicine qualification.
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CONTEST RECORDS (Contestants Only)

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

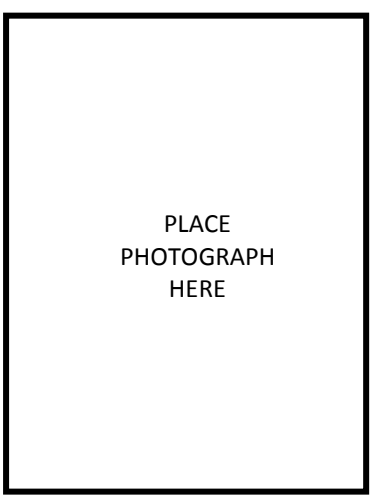
DECLARATION (All Participants)

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 with 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 _____



PLEASE TURN OVER FOR PAYMENT DETAILS



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

PAYMENT 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