



BC Athletic Commissioner - AMATEUR -



AMATEUR CONTESTANT REGISTRATION APPLICATION for Amateur Combat Sport Events APPLICATION PACKAGE

This application package contains information on obtaining a one year registration as an amateur contestant for combat sport events in the Province of British Columbia.

Background checks may be conducted to determine your eligibility for registration. You may be ineligible for registration if you have been convicted of a criminal charge in any province, territory, state or country that is related to your suitability to be registered as a contestant or your behaviour is considered, on reasonable grounds, to be a detriment to the integrity or lawful conduct and management of amateur contests in the province. You must provide the Commissioner with written authorization to allow the police or other public bodies to release relevant information.

There are seven (7) steps to obtaining an amateur contestant registration:

- Step 1** Make a copy of two (2) pieces of personal identification, one that has your photo and is government issued (example: passport, driver's licence) – check that the copy shows your picture clearly.
- Step 2** Take or have taken two (2) passport style photographs (i.e. headshot against plain background) of yourself. These can be taken by a professional or at home, using a digital camera, smart phone or similar device, and sent via email.
- Step 3** Have your physician complete the **Physical Examination Form** including the results of blood tests for Hepatitis B, Hepatitis C and HIV. If you are over 35 years of age you must also obtain a **cardiac stress test**. **All tests must have been conducted no more than 90 days before the date of application.**
- Step 4** Have your Optometrist or Ophthalmologist complete the **Eye Examination Form**. **The examination must have been conducted no more than 90 days before the date of application.**
- Step 5** Complete the **Declaration of Criminal Offences**.
- Step 6** Complete the **Fight Record Form** and **Contestant Registration Form** in full ensuring that you sign where appropriate.
- Step 7** Forward all of the following documents to the Office of the Athletic Commissioner:
 - Your completed Registration Application
 - Declaration of Criminal Offences form
 - Physical Examination form, and if you are over 35 the results of your cardiac stress test
 - Blood Work form (including laboratory results for Hepatitis B, Hepatitis C and HIV)
 - Eye Examination form
 - Fight Record form
 - Clear copies of two (2) pieces of personal identification
 - Two (2) passport style photographs
 - A copy of any certificates achieved in boxing or mixed martial arts, as applicable

As processing times vary, ensure you submit your application as soon as possible.



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AMATEUR CONTESTANT REGISTRATION APPLICATION for Amateur Combat Sport Events APPLICATION PACKAGE TERMS AND CONDITIONS

The following terms and conditions apply to every amateur contestant registered:

- The Registration holder must:
 - (a) promptly report to the Commissioner if he/she has been charged with an offence, or
 - (b) report to the Commissioner within 14 days of its occurrence if he/she has been convicted of an offence under a B.C. act or a law enacted by the Government of Canada, another province of Canada or a foreign jurisdiction. **Failure to do so may result in your licence being declared void.**
- The registered contestant must comply with:
 - any terms and conditions imposed on the registration by the Commissioner.
- The registered contestant must carry, or have available, the notice of issuance at all times when engaged in the authorized activity.
- The registered contestant, when engaged in the authorized activity, must produce the notice of issuance on the request of a peace officer or the Commissioner.

Contestant Duties

The following, as applicable, are terms and conditions that every registered contestant must comply with:

- the contestant must not participate in an event unless the promoter holds an event permit for the event;
- the contestant must comply with the requirements set out in Division 5 of the Minister's Athletic Commissioner Regulation regarding medical requirements;
- the contestant must appear at the time scheduled for, and participate in, the weigh-in ceremony;
- the contestant must
 - be present in the locale where the event is to take place during the 30-hour period immediately before the event is scheduled to begin,
 - report to his or her dressing room at least two (2) hours before the match is scheduled to begin, and
 - remain in his or her dressing room until ordered to the ring by an official or the Commissioner;
- if, before an event, the ringside physician determines that the contestant is not fit to compete, the contestant must not compete in the event;
- the contestant must not use a banned substance;
- the contestant must



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- submit to a pre-match medical examination by the ringside physician,
 - submit to a medical examination in the course of a match on request of the ringside physician or referee in the case of a mixed martial arts contest, or of the referee in the case of a boxing contest, and
 - submit to a post-match medical examination by the ringside physician;
- the contestant must consent in writing to
 - submit to the required medical examinations,
 - accept any emergency medical treatment recommended by the ringside physician before, during or after a match, and
 - any post-match medical suspension imposed on the contestant after a match;
 - the contestant may not use more than three (3) seconds (corner men) in a match unless the Commissioner has approved;
 - the contestant must identify to the Commissioner his or her seconds for an event at the time the contestant must appear for a pre-match medical examination, and, if the contestant has more than one second for a match, the contestant must designate one second as the chief second for the match;
 - the Commissioner may disqualify a contestant from an event if the contestant's second fails to comply with the terms and conditions of the second's registration.

Office of the BC Athletic Commissioner	
Mailing Address: PO Box 9823 Stn Prov Govt Victoria, BC V8W 9W3	Courier/Drop Off Address: 2nd Floor, 800 Johnson street Victoria, BC V8W 1N3
Phone: 250-952-6735 (in Victoria) or 1-855-952-6760 (toll free) Fax: 250-387-8703 http://www.bcathleticcommission.ca/Default_Home.aspx Email: athletic.commissioner@gov.bc.ca	

Keep a copy of your application and supporting documents for your records



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AMATEUR CONTESTANT REGISTRATION APPLICATION for Amateur Combat Sport Events

PLEASE NOTE: You must be 19 years of age or older to compete in an MMA event, and 16 years of age or older to compete in a kickboxing, Muay Thai or pankration event in the Province of British Columbia.

A. DISCIPLINE

Kickboxing
 MMA
 Muay Thai
 Pankration

B. APPLICANT INFORMATION

Legal name:	Surname	First Name	Middle Name
National ID #:			
Alias/Stage name:	Surname	First Name	Middle Name
Alias/Stage name:	Surname	First Name	Middle Name
Address:	Street		City
	Prov/State	Country	Postal Code/ZIP
Mailing address: (if different from above)	Street		City
	Prov/State	Country	Postal Code/ZIP
Telephone number:	Home (xxx-xxx-xxxx)	Cell (xxx-xxx-xxxx)	Other (xxx-xxx-xxxx)
Email address:			
Date of birth:	(yyyy-mm-dd)	Country of citizenship:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Physical characteristics	Height:	(feet/inches)	Weight: (lbs)
	Hair color:		Eye color:
Home jurisdiction:		Trainers' name:	
Training facility name:		Address:	
Person to contact in case of emergency:	Surname	First Name	Middle Name
Telephone number:	Home (xxx-xxx-xxxx)	Cell (xxx-xxx-xxxx)	Other (xxx-xxx-xxxx)



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C. OTHER JURISDICTIONS WHERE THE APPLICANT HOLDS A SIMILAR REGISTRATION TO THAT BEING APPLIED FOR AT THIS TIME

List the jurisdictions in which you hold or have held a similar Registration to that being applied for.

Name of Jurisdiction	Registration #	Expiry Date

D. CONSENT TO COLLECTION, USE, STORAGE AND DISCLOSURE OF PERSONAL INFORMATION

CONSENT TO COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION:

I hereby consent to:

The following personal information being collected by the Athletic Commissioner or his or her delegate under sections 26(a) and 26(c) of the *Freedom of Information and Protection of Privacy Act*:

- (i) Appropriate personal and contact information

And if required for the licence requested, in accordance with the *Minister's Athletic Commissioner Regulation* (B.C. Reg. 171/2013)

- (ii) Criminal or police records
- (iii) Results of a Credit Check
- (iv) Medical information and records provided by me, my physician(s) and my optician
- (v) Medical information related to assessments conducted by ringside physicians prior to, during or after an *authorized event*,
- (vi) Information related to my conduct prior to, during, and after an *authorized event*

An authorized event is an event sanctioned by the B.C. Athletic Commissioner and athletic commissioners in other jurisdiction for the purposes of section 15(2)(d) of the Athletic Commissioner Act, S.B.C. 2012, c. 29.

I authorize the personal information to be collected by the Athletic Commissioner in the above manner and I consent to the use of the personal information by the Athletic Commissioner for the purpose of:

- (vii) Processing this licence application and determining my suitability for the licence being sought;
- (viii) Enabling the Athletic Commissioner to verify my personal information and perform background checks prior to the registration or issuance of a licence or permit pursuant to section 4(2) of the *Minister's Athletic Commissioner Regulation* (B.C. Reg. 171/2013);
- (ix) Enabling the Athletic Commissioner to regulate and enforce professional boxing and professional mixed martial events governed by the *Athletic Commissioner Act* and regulations.



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I further consent to the disclosure of my personal information to the Association of Boxing Commissions (ABC) and through that body, other ABC affiliated athletic commissioners or similar organizations in other jurisdictions that regulate combat sports including but not limited to Boxing, MMA, Kickboxing and Muay Thai, for their use in regulating and ensuring the safety and integrity of these events.

I consent to the storage of my personal information in data facilities located in the United States of America, owned and operated by Salesforce.com Inc., San Francisco, USA and to the access of my personal information from such data facilities by the Athletic Commissioner, his or her delegate(s) or staff of the office of the Athletic Commissioner only.

I certify that I have read and understand the content of this Consent form with respect to the collection, use disclosure, and storage of my personal information in relation to my application for this license under the *Athletic Commissioner Act*.

For questions regarding the collection of personal information please contact the BC Athletic Commissioner at 250-952-6735 (in Victoria) or 1-855-952-6760 (toll-free).

Queries by mail may be directed to:
Office of the BC Athletic Commissioner
PO Box 9823 Stn Prov Govt
Victoria BC V8W 9W3

And by Courier to:
Office of the BC Athletic Commissioner
2nd Floor, 800 Johnson St.
Victoria, BC V8W 1N3

Signature:	Date: (yyyy-mm-dd)
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E. STATEMENT AND DECLARATION

I certify that all of the information provided by me in this application is true to the best of my knowledge and belief.

I understand that any false or inaccurate statements made by me in this application for registration or failure to disclose may be deemed sufficient cause for rejection of my application by the Commissioner or his or her delegate.

I understand that any false or inaccurate statements made in this application for registration that may be revealed following me being issued a registration could result in the suspension or retraction of my registration.

I certify that I have read and understood the applicable "Standard Terms and Conditions" that apply to all individuals registered as an amateur contestant.

Signature:	Date: (yyyy-mm-dd)
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AMATEUR CONTESTANT REGISTRATION APPLICATION
DECLARATION OF CRIMINAL OFFENCES

CANADA }
PROVINCE OF }
BRITISH COLUMBIA }

IN THE MATTER OF an
application for registration as an amateur
contestant

TO WIT:

I, (surname, and given names) Of (address),
(city), (province/state), (country), born on
(dd/mm/yyyy), in (city), (province/state),
(country) having applied for registration with the Office of the BC Athletic Commissioner,

DO SOLEMNLY DECLARE THAT:

Below are all of the criminal offences for which I have ever been charged and/or convicted:

Table with 4 columns: Name/type of charge or conviction, Year of charge (on or about), Location of charge or conviction, Disposition (Court outcome)

If you require additional space, please continue on the next page.

I MAKE THIS SOLEMN DECLARATION conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath. I understand that if I am found to be untruthful in any way regarding this declaration I may be subject to sanctions and/or suspensions from the BC Athletic Commissioner. In addition, I understand that I must, and will, inform the BCAC, within 14 days, of any charges or convictions brought against me while I am registered with the BCAC.

Signature (Applicant)

Signature (Witness)

Date (dd/mm/yyyy)

Print Name (Witness)

Date (dd/mm/yyyy)



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AMATEUR CONTESTANT Annual Physical Examination Form → To be completed by a Licensed Physician ←

A. APPLICANT INFORMATION

Name: Surname	First Name	Date of Birth (yyyy-mm-dd)
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B. DIAGNOSTIC EVALUATION (must be completed by licensed Physician)

I hereby certify that I have examined _____ Date of Exam _____
(print contestant's full legal name) (yyyy-mm-dd)

In addition I have examined the **attached** blood test results (as specified below) and certify that they show no indication that the applicant is infectious for any of the diseases noted below.

- HIV
- Acute Hepatitis B
- Chronic Hepatitis B (test panel should include HBsAg surface antigen test)
- Hepatitis C

Contestants over 35 years of age must also undergo a cardiac stress test and a **copy of the test report attached**

Normal Abnormal

Weight on Day of Exam: _____

MUST CHECK ONE:

- This individual is **FIT** to compete in combat sports at this time.
- This individual is **NOT FIT** to compete in combat sports at this time.

Name of Physician: _____

Name of Professional Governing Body: _____ Registration #: _____

Office Address: _____

Telephone Number: _____ Fax Number: _____

Email: _____

Physician Signature: _____

TEST RESULTS MUST BE ATTACHED TO THIS FORM

EYE EXAMINATION FORM

→ To be completed by a licensed Optometrist or Ophthalmologist ←

A. APPLICANT INFORMATION

Name:	Surname	First Name	Middle Name
Medical insurance #:		Date of birth:	(yyyy-mm-dd)

B. EYE EXAMINATION (**MUST** include performance of a dilated funduscopy)

I hereby certify that I have examined _____ on this date _____
(print contestant's full legal name) (yyyy-mm-dd)

and confirm that as part of this examination I have performed a dilated funduscopy.

MUST CHECK ONE:

It is my professional opinion that;

- This individual is **FIT** to compete in combat sports at this time.
- This individual is **NOT FIT** to compete in combat sports at this time.

If 'Not Fit', please explain: _____

Name of Optometrist/Ophthalmologist: _____

Name of Professional Governing Body: _____ Registration #: _____

Office Address: _____

Telephone Number: _____ Fax Number: _____

Email: _____

Optometrist/Ophthalmologist Signature: _____

**AMATEUR CONTESTANT REGISTRATION APPLICATION
CONTESTANT FIGHT RECORD**

Surname: _____ First name: _____

I certify that I have **not** participated in any professional combat sports or been paid at any time to participate in a combat sport event

AND

I have **not** previously fought in a combat sport event

OR

I have previously participated in an amateur combat sport event(s), as detailed below

Name of event and location	Date of event	Type of combat sport	Result*	Method**	Round	Time

*indicate whether a win, loss or draw ** indicate method – KO, TKO, Submission, Decision

If you require further space, please use additional sheets

STATEMENT AND DECLARATION

I certify that all of the information provided by me in this document is true to the best of my knowledge and belief.

Contestant Signature: _____

Date: _____