



BC Athletic Commissioner - AMATEUR -



MATCHMAKER REGISTRATION APPLICATION for Amateur Combat Sport Events APPLICATION PACKAGE

This application package contains information on obtaining a one (1) year registration as a matchmaker for amateur combat sport events in the Province of British Columbia as well as the application form and other supporting forms.

There are five (5) steps to obtaining a matchmaker registration:

- Step 1** Visit your local police authority to obtain a Criminal Record Check (CRC) including a vulnerable sector check (Tier 4). For information on the process and requirements in Canada, please visit: <http://www.rcmp-grc.gc.ca/cr-cj/fing-empr2-eng.htm>. You are responsible for all associated fees. Your CRC will remain valid with this office for three (3) years.
- 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** Make a copy of two (2) pieces of personal identification, one which has your photo and is government issued (example: passport, driver's licence) – check that the copy shows your picture clearly.
- Step 4** Complete the **Matchmaker Registration Application** in full ensuring all required signatures are present.
- Step 5** Forward the following documents to the Office of the Athletic Commissioner:
 - Your completed Registration Application,
 - Results of your Criminal Record Check,
 - Two (2) passport type photos, and
 - Clear copies of two (2) pieces of personal identification, one (1) which has your photo and is government issued (example: passport, driver's licence)

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

Office of the BC Athletic Commissioner	
Mailing Address: PO Box 9823 Stn Prov Govt Victoria, BC V8W 9W3	Courier/Drop Off Address: 5 th 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 www.cscd.gov.bc.ca/bcathleticcommission Email: athletic.commissioner@gov.bc.ca	

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



BC Athletic Commissioner - AMATEUR -



MATCHMAKER REGISTRATION APPLICATION for Amateur Combat Sport Events TERMS AND CONDITIONS

The following terms and conditions apply to every registration, including a matchmaker registration:

- 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 offenceunder 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 registration being declared void.**
- The registration holder must comply with:
 - any terms and conditions imposed on the registration by the Commissioner.
- The registration holder must carry, or have available, the registration at all times when engaged in the activity the registration authorizes.
- The registration holder, when engaged in the activity the license authorizes, must produce the registration on the request of a peace officer or the Commissioner.
- The registration holder must report to the Commissioner, within 14 days after its occurrence, the following:
 - the theft or loss of a registration;
 - a change in an address required by the application for the registration.

Matchmaker Duties

The matchmaker for an event must ensure that:

- the contestants for each match on the program for an event are suitable on the basis of the fight record and weight to compete with each other, and
- the contestants for each match on the program for an event are not likely to be subject to a post-match medical suspension, or a registration suspension in this or another jurisdiction, at the time of the event.



BC Athletic Commissioner - AMATEUR -



MATCHMAKER REGISTRATION APPLICATION for Amateur Combat Sport Events

A. APPLICANT INFORMATION

Legal name:	Surname	First Name	Middle Name(s)
Alias/Stage name:	Surname	First Name	Middle Name(s)
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:	(xxx-xxx-xxxx)	Facsimile number:	(xxx-xxx-xxxx)
Email address:			
Date of birth:	(yyyy-mm-dd)	Country of citizenship:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

B. OTHER REQUIRED INFORMATION

1. List the applicant's experience as a matchmaker, including providing a list of the locations and dates of events promoted by the applicant. Use a separate sheet if necessary.



BC Athletic Commissioner - AMATEUR -



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

I acknowledge that the following personal information may be collected by the Athletic Commissioner or his or her delegate under the authority of sections 26(a) and 26(c) of the *Freedom of Information and Protection of Privacy Act*:

- (i) Contact information including name (and any alias or stage name), complete residential and mailing address and an email address if applicable, day time telephone number, date of birth, and country of citizenship and sex;

And if applicable:

- (ii) Criminal record check or police record check;
- (iii) Credit Check;
- (iv) Medical information related to examinations conducted by ringside physicians prior to, during or after an event; and
- (v) Information related to my conduct prior to, during, and after an event.

I authorize the personal information to be collected by the Athletic Commissioner in the above manner and I further hereby consent to:

- (i) the use of the personal information as applicable to the registration I am applying for by the Athletic Commissioner for the following purposes:
 - a) Processing this registration application and determining my suitability for the registration being sought;
 - b) Enabling the Athletic Commissioner to verify my personal information and perform background checks prior to the registration or issuance of a registration or permit; and
 - c) Enabling the Athletic Commissioner to regulate and enforce professional boxing and professional mixed martial events governed by the BC Athletic Commissioner;
- (ii) the disclosure of, and status of any suspension or disciplinary action imposed on me by the Athletic Commissioner to the Association of Boxing Commissions (ABC) and through that body, other ABC affiliated athletic commissioners or similar organizations in other jurisdictions that regulate professional boxing and professional mixed martial arts;
- (iii) the disclosure of any or all of the information supplied to BCAC to Salesforce.com Inc. and its affiliates in the United States of America to be stored on behalf of the Athletic Commissioner and that such information may be made public on their websites;

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 registration.

This consent is valid from the date signed unless I revoke my consent by writing to the Athletic Commissioner at the address specified below.



BC Athletic Commissioner - AMATEUR -



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:

And by Courier to:

Office of the BC Athletic Commissioner
PO Box 9823 Stn Prov Govt
Victoria BC V8W 9W3

Office of the BC Athletic Commissioner
5th Floor, 800 Johnson St.
Victoria, BC V8W 1N3

Signature:

Date:

(yyyy-mm-dd)

D. CONSENT, STATEMENT AND DECLARATION

TO BE READ AND SIGNED BY AN INDIVIDUAL APPLYING FOR A MATCHMAKER REGISTRATION:

I certify that all of the information provided in this application is true to the best of my knowledge and belief. I understand that this information is being collected by the Commissioner or his or her delegate under sections 26(a) and 26(c) of the *Freedom of Information and Protection of Privacy Act*, for the purpose of processing licencing applications. For questions regarding the collection of personal information please contact the Office of the BC Athletic Commissioner at 250-952-6735 (in Victoria) or 1-855-952-6760 (toll-free).

I understand that the Commissioner or his or her delegate will review and may contact other parties to confirm the information provided. The Commissioner or delegate is required to protect the confidentiality and privacy of the personal information provided in accordance with the *Freedom of Information and Protection of Privacy Act*.

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

I understand that any false or inaccurate statements made in this application for licencing which may be revealed following issuance of a licence, could result in the suspension or cancellation of that registration.

Signature:

Date:

(yyyy-mm-dd)



BC Athletic Commissioner - AMATEUR -



PERSONAL DISCLOSURE FORM

INFORMATION AND INSTRUCTIONS

Completion of this form is required as part of the application requirements for a Matchmaker Registration or Event Permit

- Any officer or director of a corporation that is applying for a registration;
- An individual who is applying for a registration or permit.

The information provided in this form is for the purpose of ensuring the integrity of the conduct and management of professional contests in the Province of British Columbia and may be used by the Commissioner to undertake background checks of participants in the sport. The information you provide and any information obtained will be held in confidence and only used for this purpose.

A. INDIVIDUAL PERSONAL INFORMATION

Name:	Surname	First Name	Middle Name(s)
Alias/Stage name:	Surname	First Name	Middle Name(s)
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



BC Athletic Commissioner - AMATEUR -



B. DISCLOSURE		
1.	Have you ever been convicted of a criminal offence in B.C. or another jurisdiction? If yes, provide details. Use attached 'Declaration of Criminal Offences' form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you been a defendant in a civil action related to deceit, misrepresentation or similar conduct? If yes, please provide the date, case number and jurisdiction.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever been denied a licence, registration, permit or authorization or had a licence, registration, permit or authorization suspended or cancelled or been subject to investigation or disciplinary action related to the sport of boxing or MMA in B.C. or another jurisdiction? If yes, provide details. Use separate sheet if necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No

C. CONSENT TO COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION		
I, _____ (print your legal name in full) hereby authorize:		
<ul style="list-style-type: none"> The Commissioner or his or her delegate to confirm the information provided. I understand that the Commissioner or delegate is required to protect the confidentiality and privacy of the personal information provided in accordance with the <i>Freedom of Information and Protection of Privacy Act</i> (British Columbia). 		
Signature:		Date: (yyyy-mm-dd)

Your personal information is being collected by the Commissioner or his or her delegate under sections 26(a) and 26(c) of the *Freedom of Information and Protection of Privacy Act*, for the purpose of processing licensing applications under the *Athletic Commissioner Act*. For questions regarding the collection of personal information please contact the Office of the BC Athletic Commissioner at 250-952-6735 (in Victoria) or 1-855-952-6760 (toll free).

D. 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. If necessary, I will provide my fingerprints to verify whether or not I have a criminal record. I understand that any false or inaccurate statements made by me in this application or failure to disclose may be deemed sufficient cause for rejection of an application by the Commissioner or his or her delegate. I understand that any false or inaccurate statements made in this application that may be revealed following the issuance of a registration or permit could result in the suspension or cancellation of that registration or permit.		
Signature:		Date: (yyyy-mm-dd)