



BRITISH COLUMBIA ATHLETIC COMMISSIONER
Contestant Fight Record

Name of Applicant: _____

Professional Contestant Amateur Contestant

Is this your first fight? YES NO

If, **No**, please detail your previous fights 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 additional space, please use the back of this form.

AMATEURS ONLY: I certify that I have not participated in any professional combat sport or been paid at any time to participate in a combat sport event.
 YES NO

STATEMENT AND DECLARATION

I certify all of the information provided by me in this document is true to the best of my knowledge and belief.
(yyyy-mm-dd)

Signature Contestant: _____

Date: _____

(yyyy-mm-dd)

Signature Parent/Guardian: _____

Date: _____

(If contestant is 18 years of age or younger)