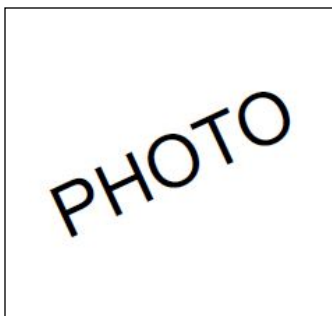




CONTESTANT LICENSE APPLICATION
COMMISSION OF COMBATIVE SPORTS
 SFN 11720 (10-2022)

For Office Use Only

Receipt number:
Approved by:
Commission of Combative Sports State of North Dakota 600 E Boulevard Ave Dept 108 Bismarck ND 58505-0500 Telephone: (701) 328-3664 Toll-Free: (800) 352-0867, option 3 Fax: (701) 328-1690 Website: sos.nd.gov Email: combativesports@nd.gov



FEE: \$25.00 (per license)

- License valid from the date of issuance until December 31 of that year.
- In compliance with the Federal Privacy Act of 1974, the disclosure of a social security number on this form is voluntary. Under state law, this number cannot be disclosed to the public. However, if the number is voluntarily provided, it does assist the Secretary of State's office with maintaining accurate records. The application will not be rejected if the number is not provided.

License type (check one)			
<input type="checkbox"/> Boxing	<input type="checkbox"/> Mixed fighting style (professional)	<input type="checkbox"/> Mixed fighting style (amateur)	<input type="checkbox"/> Kickboxing
Legal name		Professional/stage name	
Address		City	State ZIP code
Telephone number	Email address	Date of birth	Place of birth
Social security number	Height	Exact weight upon application	Weight/division
Nationality	Color of eyes	Color of hair	Distinguishing marks
Emergency contact name		Emergency contact telephone number	
Emergency contact address		City	State ZIP code
Answer the following questions:			
YES NO <input type="checkbox"/> <input type="checkbox"/> Have you ever had a contestant's license denied or revoked by any state? If yes, list state(s): _____ <input type="checkbox"/> <input type="checkbox"/> Are you currently licensed to fight in another state? If yes, lists state(s): _____ <input type="checkbox"/> <input type="checkbox"/> Have you ever been licensed to fight in North Dakota? <input type="checkbox"/> <input type="checkbox"/> Do you have any type of medical insurance? If yes, list the company name, address, and telephone number: _____			
Name of manager		Name of trainer	
Date of last fight		Location of last fight	
Date of last physical exam		Date of last blood panel, including HIV, Hep B, and Hep C	
Applicant's Initials	Statement		
	Contestant voluntarily and knowingly agrees to engage in a boxing/kickboxing/mixed fighting style event. BOXING/KICKBOXING/MIXED FIGHTING STYLE EVENTS ARE DANGEROUS. Contestant hereby acknowledges that he or she may suffer permanent injuries from boxing/kickboxing/mixed fighting style events, either in a single event or from participating in multiple events. Contestant hereby releases the promoter, sponsors, and the state of North Dakota, or any agent, representative or employee thereof, from any and all claims for liability, known or unknown at this time, arising from injuries, mental and physical, which may be sustained by contestant during engaging in a boxing/kickboxing/mixed fighting style event(s).		
	I understand that any and all protected health information that I provide to the North Dakota Commission of Combative Sports as part of the licensing process in the state of North Dakota shall only be utilized by the North Dakota Commission of Combative Sports as part of the licensing process and shall not be released to any other organization unless specifically authorized by me. This includes all medical records that I provided.		
I, the above-named applicant, affirm I am at least 18 years of age and all the statements made on this application are true. By signing this application, I agree to be bound by the laws, rules, and regulations of the state of North Dakota, including its Administrative Code, Chapter 72-02.2, governing Combative Sports.			
Applicant's signature			Date