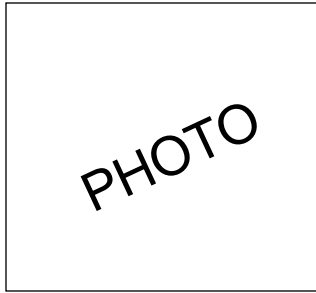




PROFESSIONAL BOXER/KICKBOXER/MIXED FIGHTING STYLE LICENSE APPLICATION

ATHLETIC COMMISSION
SFN 11720 (06-2007)



Fee: \$10.00

FOR OFFICE USE ONLY

System ID
Work Order
Approved By
Athletic Commission State of North Dakota 600 E Boulevard Ave Dept 108 Bismarck ND 58505-0500 Telephone (701) 328- 3380 Toll Free (800) 352- 0867 Ext: 8-3380 Fax (701) 328-1690

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 in maintaining accurate records. The application will not be rejected if the number is not provided.

Legal Name		Professional /Stage Name		
Address		City	State	Zip Code
Telephone Number	Date of Birth	Place of Birth	Nationality	
Social Security Number	Height	Exact weight upon application	Weight/Division	
Color of Eyes	Color of Hair	Distinguishing Marks		

Please list a name, address, and telephone number of a person that may be contacted in case of an emergency:

1. Have you ever had a fighters license denied or revoked by any state? If **Yes**, list state(s) _____
2. Are you currently licensed to fight in another state? If **Yes**, list state(s) _____
3. Have you ever been licensed to fight in North Dakota?
4. Do you have any type of medical insurance? If **Yes** please list Company name, address, and telephone number: _____

Name of Manager	Name of Trainer	Name of club of which you are a member			
Date of Last Fight	Location of Last Fight		Outcome		
Date of last complete physical examination including head and chest x-rays, E.K.G., E.E.G., CAT Scan, B/P, Hernia, Eye Exam, Blood Chemical Profile and Analysis, and Urine Analysis. (Be prepared to prove examination)			Month	Day	Year

Boxer/Kickboxer/Mixed Fighting Style participant voluntarily and knowingly agrees to engage in a Boxing/Kickboxing/Mixed Fighting Style event. **BOXING/KICKBOXING/MIXED FIGHTING STYLE EVENTS ARE DANGEROUS.** Boxer/Kickboxer/Mixed Fighting Style participants hereby acknowledges he/she may suffer permanent physical injuries from Boxing/Kickboxing/Mixed Fighting Style events, either in a single event or from participating in multiple events. Boxer/Kickboxer/Mix Fighting Style participant 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 Boxer/Kickboxer/Mixed Fighting Style participant during engaging in a Boxing/Kickboxing/Mixed Fighting Style event(s).

BOXER/KICKBOXER/MIXED FIGHTING STYLE PARTICIPANT'S INITIALS: _____

I solemnly swear (or affirm) that I am over 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 rules and regulations of the North Dakota Administrative Code, Chapter 72-02.

State of _____

Applicant Signature

Date

County of _____

Subscribed and Sworn before me, this _____ day of _____, 20_____.

(Notary Stamp)

Notary Public