

# MANITOBA COMBATIVE SPORTS COMMISSION

427-145 Pacific Ave  
Winnipeg, MB R3B 2Z6  
Tel. (431) 877-MCSC (6272)  
email:[info@mbcombativesports.com](mailto:info@mbcombativesports.com)



## Application for Manitoba Combative Sports License

### NOTICE

The personal and personal health information being collected on this form is for the purpose of determining your suitability to obtain a combative sports licence. Before a licence is issued a complete physical examination is required. In addition, a pre-fight and post-fight medical examination is required, with the physician providing a report on you directly to the Commission.

If you have any question regarding the collection of the information on this form or other information requested by the Commission please contact Manitoba Combative Sports Commission at (431) 877 - 6272. You are also entitled to ask the physician conducting any exam the purpose and significance of any personal health information being collected about which you have any questions. The applicant must include a colour photograph taken within the last six months before the date of application and copies of two pieces of government issued identification satisfactory to the commission that confirms the applicant's identity.

Fee: Professional \$40 Amateur \$30 ("Check One")

(Check one)  Boxing  MMA  Kickboxing  Muay Thai

License Application Form can be sent to: [info@mbcombativesports.com](mailto:info@mbcombativesports.com)

License Application fee can be paid by e-transfer to: [info@mbcombativesports.com](mailto:info@mbcombativesports.com)

### (Please Print)

1. Full name: First: \_\_\_\_\_ Last: \_\_\_\_\_
2. Nickname or Ring Alias: \_\_\_\_\_
3. Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_
4. Telephone: \_\_\_\_\_ Email: \_\_\_\_\_
5. Country of residence: \_\_\_\_\_
6. Date of birth: \_\_\_\_\_
7. Weight: \_\_\_\_\_
8. Height: \_\_\_\_\_ Eye colour: \_\_\_\_\_ Hair colour: \_\_\_\_\_
9. Distinguishing marks: \_\_\_\_\_
10. Amateur record: \_\_\_\_\_
11. Date started professional combative sports: \_\_\_\_\_
12. Professional record: \_\_\_\_\_ - \_\_\_\_\_
13. List all jurisdictions you hold a current license in for: Boxing/Mixed Martial Arts/Kick Boxing:  
\_\_\_\_\_
14. Name of manager or chief second: \_\_\_\_\_

### Consent by Contestant to Collection of Personal Health Information

I consent to the Manitoba Combative Sports Commission collecting my personal health information directly from a physician who examines me for the purpose of determining whether I should be issued a combative sports licence, whether the state of my physical and mental health is such that I can compete in a contest without undue risk to myself or others and whether I require a suspension from combative sports and/or medical attention or for any other purpose respecting the Commission regulation of combative sports. I recognize this will be a medical examination with detailed personal health information. I hereby authorize any physician who examines me to provide the information directly to the Commission, upon the Commission's request.

### Consent by Contestant to Disclosure of Personal Health Information

I consent to the Manitoba Combative Sports Commission disclosing the personal health information it collects in relation to issuing me a combative sports licence and it collects regarding a pre-fight and post-fight examination to a athletic/combative sports commission or similar authority in any jurisdiction in which I am a contestant or apply to compete, for the purpose of determining whether I should be issued a combative sports licence, whether the state of my physical and mental health is such that I can compete in a contest without undue risk to myself or others and whether I require a suspension from combative sports and/or medical attention or any other purpose respecting a commission's regulation of combative sports.

**Note:** By signing this application you are applying for a combative sports licence in Manitoba and also consenting to the indirect collection and the disclosure of your personal health information in the manner described above.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_