

Victorian Amateur Combat Sports Association

Requirements for Registration as an Amateur Contestant

All Contestants taking part in an Amateur Combat Sports Contest must be registered by the Association.

To be registered an applicant must:

- Complete an application form (Form 1)
- Provide a Certificate of Fitness from a Registered Medical Practitioner (Form 2)
- Provide certification that the applicant is HIV / Hepatitis B / Hepatitis C negative (Form 3)
- Pay the fee (\$35)
- Provide two (2) passport size photos
- Submit proof of age – driver's licence, birth certificate, passport (photocopies are acceptable).

The registration will be subject to conditions determined by the Association.

ALL ITEMS, INCLUDING THE DOCTOR'S WRITTEN CERTIFICATE CONCERNING THE SEROLOGY REPORTS, MUST BE RECEIVED BEFORE THE APPLICATION WILL BE PROCESSED.

AN INCOMPLETE APPLICATION WILL BE RETURNED TO THE APPLICANT

Mail to: Acting Secretary
 Victorian Amateur Combat Sports Association
 Level 14/1 Spring St
 MELBOURNE VIC 3001

Noel Sharpe
Acting Secretary
Victorian Amateur Combat Sports Association
03 9208 3507

To: Victorian Amateur Combat Sports Association
 Level 14 / 1 Spring St
 Melbourne Vic 3001

APPLICATION FOR REGISTRATION AS AN AMATEUR CONTESTANT

I apply to be registered as an amateur contestant

1. Name
2. Address POSTCODE
3. Date of birth Verified by
4. Phone: Work Home Mobile
5. Have you previously been registered in Victoria? YES/NO (if previously registered forward licence with application)
6. Have you ever been registered with or disciplined by any other Licensing Authority? (please attach details)
7. Have you competed as an amateur? YES/NO
8. Give details of your last 5 contests (amateur, professional or both)

| Date | Place | Opponent | Result | Injuries or Suspensions |
|------|-------|----------|--------|-------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

9. Current Trainer's name Phone No.

CHECKLIST OF ENCLOSURES:

- Certificate of Fitness (The medical examination must be dated no more that 14 days before application)
- 2 recent passport photos
- Registration fee of \$35
- ID (Photocopy of driver's licence, passport or birth certificate)
- Clearance from home Authority (interstate and overseas applicants)

SIGNED

DATE

| Office Use Only | |
|-----------------------------------|---------------------------|
| 1. Registration issued | Serology taken..... |
| 2. Registration expiry date | Serology expiry date..... |
| 3. Fitness expiry date..... | |

Victorian Amateur Combat Sports Association

CERTIFICATE OF FITNESS

Full Name

Address

..... **Postcode**

Date of Birth

Sex: Male / Female

I certify that this person is fit / unfit to fight.

Signed

Qualifications:

Date

**Victorian Amateur Combat Sports Association
MEDICAL HISTORY QUESTIONNAIRE**

Previous Competition History:

1. Current Results Wins Losses Draws

Amateur
Professional

2. Have you ever suffered any significant injury while competing? YES / NO

3. Have you ever had headaches, vomiting or problems with speech or vision after a competition? YES / NO

| | | Y | N | | | Y | N | | Y | N | |
|---|---|---|---|----|--|---|---|----|---|---|--|
| 4 | At present do you have any illness or disability? | | | 15 | Coughing up blood | | | 27 | Gall bladder disorders | | |
| 5 | Are you receiving medications or other treatments? | | | 16 | Tuberculosis | | | 28 | Vomiting blood or passing blood through bowels | | |
| 6 | Have you ever lost more than one week from accident or illness? | | | 17 | Asthma | | | 29 | Hepatitis or other jaundice | | |
| 7 | Have you ever had any operations? | | | 18 | Deafness | | | 30 | Diabetes | | |
| 8 | Have you ever been a hospital inpatient? | | | 19 | Eye disorders (including the need to wear glasses) | | | 31 | Hernia or problems with testicles | | |
| ARE YOU NOW SUFFERING OR HAVE YOU EVER SUFFERED FROM ANY OF THE FOLLOWING? | | | | 20 | Fainting attacks, blackouts or dizziness | | | 32 | Skin disorders; tendency to bruise or bleed easily | | |
| 9 | Rheumatic fever or heart disease | | | 21 | Epilepsy or other convulsive fits | | | 34 | Any joint injury or dislocation; back problems | | |
| 10 | Palpitations or pounding heart | | | 22 | Severe headaches | | | 35 | Fractured or chipped bones | | |
| 11 | High or low blood pressure | | | 23 | Depression, psychological disorders or attempted suicide | | | 36 | Paralysis, including polio | | |
| 12 | Swollen or painful joints (not through injury) | | | 24 | Kidney or bladder disease; painful, infected or bloody urine | | | 37 | Any other injury, illness or disability | | |
| 13 | Shortness of breath | | | 25 | Frequent indigestion | | | 38 | Concussion, loss of consciousness or severe head injury | | |
| 14 | Pneumonia, bronchitis or pleurisy | | | 26 | Gastric or duodenal ulcer | | | | | | |

Doctor's Notes

I declare that the information I have recorded above is true and complete.

.....
(Signature of Contestant)

.....
(Signature of Doctor)

Date:

Victorian Amateur Combat Sports Association

MEDICAL EXAMINATION RECORD

| | | Normal | Abnormal | | | Normal | Abnormal |
|----|-----------------------------|--------|----------|----|--------------------|--------|----------|
| 1 | Head, face, neck, scalp | | | 16 | Endocrine system | | |
| 2 | Nose | | | 17 | External genitalia | | |
| 3 | Mouth and throat | | | 18 | Arms | | |
| 4 | Teeth and gums | | | 19 | Hands | | |
| 5 | External ears | | | 20 | Legs | | |
| 6 | Ear canal and eardrums | | | 21 | Feet | | |
| 7 | Eustachian tubes | | | 22 | Spine | | |
| 8 | External eyes | | | 23 | Posture | | |
| 9 | Visual fields | | | 24 | Gait | | |
| 10 | Eye movements | | | 25 | Coordination | | |
| 11 | Ophthalmoscopic exam | | | 26 | Speech | | |
| 12 | Chest and lungs | | | 27 | Skin | | |
| 13 | Heart | | | 28 | Emotional state | | |
| 14 | Vascular, lymphatic systems | | | 29 | Mental capacity | | |
| 15 | Abdomen | | | 30 | Other | | |

| | |
|---|--|
| Frame size | |
| Height | |
| Weight | |
| Chest exhalation | |
| Chest inhalation | |
| Waist | |
| Blood pressure | |
| Pulse rate | |
| Visual acuity – right eye | |
| Visual acuity – left eye | |
| Eye colour | |
| Urinalysis | |
| Scars, tattoos, distinctive skin markings | |

| Psychological assessment | Yes | No |
|---|-----|----|
| Is there evidence of a change in character? | | |
| Is recent memory good? | | |
| Is mental capacity good? | | |
| Is there evidence of violent tendencies outside the ring? | | |

Details of further investigations:

Doctor's Notes:

Victorian Amateur Combat Sports Association

**Level 14 / 1 Spring St
Melbourne Vic 3001**

Serology Status

I have sighted the results of serology on
of

The results are dated:

They show that the patient has tested negative for HIV, Hepatitis B and
Hepatitis C.

Signed:

Address

Phone

Consent for Release of Serology Results

I, of
hereby authorise the release of the information contained in the serology result
documents to the VICTORIAN AMATEUR COMBAT SPORTS
ASSOCIATION and its Officers.

Signed:

Date:

Confirmation of Identity

I certify that the attached photograph is a true photograph of:

.....

OR

I have sighted the driver's licence of

It is photographic proof of the identity of
whose results are detailed above.

Signed

Date: