

**Application for a Registration as a Professional Contestant**

Form 4 as per regulation 9(1)(a), *Professional Boxing and Combat Sports Act 1985*



Full name: \_\_\_\_\_

Competition name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Preferred Discipline: \_\_\_\_\_

Sex:  Male  Female  Other – please specify: \_\_\_\_\_

Residential address: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Current trainer's name: \_\_\_\_\_ Trainer's telephone: \_\_\_\_\_

**Q1.** Have you ever been registered as a professional contestant in Victoria or elsewhere? **YES / NO**

If **YES**, you must provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Q2.** Have you ever been banned or otherwise restrained from competing in a professional contest or are you currently suspended from competing in any other State/Territory of Australia or overseas? **YES / NO**

If **YES**, you must provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Q3.** Have you competed as an amateur? If **YES**, you must provide details: **YES / NO**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Q4.** Please provide details of your last five boxing and/or combat sports contests (whether amateur or professional). If none please state accordingly.

Date	Place	Opponent	Result (Win/Loss/Draw)	Decision (KO/TKO/Other)

Details of injuries or suspensions:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Injury: \_\_\_\_\_ Treatment: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Injury: \_\_\_\_\_ Treatment: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Injury: \_\_\_\_\_ Treatment: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Injury: \_\_\_\_\_ Treatment: \_\_\_\_\_

OFFICIAL

**Q5.** Have you attached evidence of your age (satisfactory evidence includes a certified copy of your driver's licence or other government-issued photographic identification)?

YES / NO

**Q6.** Have you attached a certificate of fitness signed by a registered medical practitioner (Form 5)?

*Please note that the Combat Sports Unit MUST receive your signed certificate of fitness **within 14 days** of the date that the form was signed by a medical practitioner.*

*If not attached to this form, the certificate must be subsequently provided to the Combat Sports Unit. The Board will not consider your application for registration until the certificate is provided.*

YES / NO

**Q7.** Have you attached a completed blood testing form (Form 7)?

*If not attached to this form, the certificate must be subsequently provided to the Combat Sports Unit. The Board will not consider your application for registration until the certificate is provided.*

YES / NO

**Q8.** Concussion may result from participating in boxing and/or combat sports. Prior to submitting your application, it is important that you read the Concussion Contestant Handout available [here](#) or at <https://sport.vic.gov.au/our-work/boxing-and-combat-sports>.

I have read and understood the Professional Boxing and Combat Sport's Concussion Contestant Handout and agree to seek medical advice and treatment, and to follow the Return to Fight Strategy should this apply to me.

YES / NO

**Q9.** Concussion is a risk to contestants participating in boxing and/or combat sports as a result of sustaining a strike/s to the head. Are you aware of, and do you accept, the risk associated with competing in such a sport?

YES / NO

**Q10.** I agree to be bound by the conditions attached to this registration, if issued?

YES / NO

**Q11.** The information contained in this form is true and correct to the best of my knowledge.

YES / NO

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Payment**

Fee:      *Applicable from 1 July 2024*                      **\$117.10**

**PLEASE NOTE THAT ALL PAYMENTS ARE TO BE TAKEN BY PHONE: (03) 9623 1183**

To receive this form in an accessible format [email the Combat Sports Unit](mailto:combat.sports@sport.vic.gov.au) <combat.sports@sport.vic.gov.au>

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