

OFFICE USE ONLY

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\$50.00

**North Carolina Boxing Commission
Department of Commerce
MMA\Boxing PRO/AMATEUR LICENSE APPLICATION**

CONTESTANT INFORMATION

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ MOBILE PHONE: (____) _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

RACE: _____ HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

SEX: M F

EMAIL ADDRESS: _____

- Have you competed in a Kickboxing or Toughman event? Yes No
If "yes, how many? 1 to 5 6 to 10 More than 10
- Have you ever had a license denied or revoked by any state? Yes No
- Are you currently under suspension or fine by any state? Yes No
- Have you ever been licensed as a Pro in any contact sport? Yes No

MANAGER INFORMATION

I HAVE: No Manager, I am self-managed Yes, I have a manager (Fill out the following)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Mobile Phone: (____) _____

Medical Records Release Statement

I hereby authorize any hospital, physician or other medical provider to disclose to the North Carolina Boxing Commission or its duly authorized agents, any and all medical information including but not limited to: emergency department records; clinical findings; doctors' and nurses' notes; treatment notes; prescriptions; physical therapy records; dates of hospitalization; recommendations for future care or treatment; names of health care providers; medical history information; or any information relevant to my physical and/or mental condition. A photo static or other copy of this authorization shall be considered as effective and valid as the original. I understand that the purpose of this authorization shall be to allow the North Carolina Boxing Commission to monitor injuries and/or illnesses sustained or aggravated by my participation in a boxing event. This authorization will automatically expire seven years after the date on which it is signed.

I acknowledge under punishment of imprisonment or fine that the information stated above is true and accurate. I further agree the North Carolina Boxing Commission may use any film, photograph or other material in which I appear as the North Carolina Boxing Commission in its sole discretion deems appropriate.

All appeals must be submitted to the NC Boxing Commission in writing with supporting documentation within 7 business days of the fight you are appealing.

Applicant's Signature: X _____ Date: ____/____/____

Authority Witness: X _____ Date: ____/____/____