



OKLAHOMA STATE ATHLETIC COMMISSION

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\$30

APPLICATION FOR ELIMINATION TOURNAMENT PARTICIPANT LICENSE

Name: Birth Date:
Address: Social Security #
City: State: Zip Code:
Home Phone: Work Phone:

Age: Height: Weight: Eye Color: Hair Color:

- 1. Have you ever competed in a Professional Boxing, Kickboxing, or Mixed Martial Arts event?
2. How many amateur Boxing/Kickboxing/Mixed Martial Arts bouts or Elimination Tournaments have you won in the last 5 years?
3. Have you won three (3) or more of these events in the last twelve (12) months?
4. Have you consumed any alcohol in the last 12 hours?
5. Have you ever had a concussion or head injury?
6. Have you been knocked unconscious?
7. Have you ever had any serious bone or joint injuries?
8. Have you ever passed out during exercise?
9. Are you currently taking any medication on a regular basis?
10. Have you ever been treated for any serious illness or surgery?
11. Are you allergic to any over-the-counter or prescription medication(s)?
12. Do you have any type of medical insurance?
13. Please list the name, address, and telephone number of someone to contact in case of an emergency.
14. Are you currently taking or have you used any anabolic steroids in the past four (4) months?

I certify that have read the foregoing application for elimination participant license, and that all answers given are my own; that all the answers are true and correct to the best of my knowledge. I further understand and agree that any misstatement of fact in this application will constitute grounds for revoking this license.

Participant voluntarily and knowingly agrees to participate in this event. ELIMINATION TOURNAMENTS ARE DANGEROUS. Participant hereby acknowledges he/she may suffer permanent physical injuries from elimination tournaments, either in this single event or from participating in multiple events. Participant hereby releases the Promoter, sponsors, and the State of Oklahoma, 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 Participant during participation in this and all Elimination Tournament events. By signing this disclosure I affirm I understand the risks involved with elimination tournaments and the above statements.

Applicant's Signature: Date: