



## OKLAHOMA STATE ATHLETIC COMMISSION

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### APPLICATION FOR PROFESSIONAL WRESTLING LICENSE \$30.00 License Fee

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ Ringname: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Age: \_\_\_\_ Gender (check one): M \_\_\_\_ F \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Eye Color: \_\_\_\_ Hair Color: \_\_\_\_

1. Have you ever had a license denied or revoked by any state? Yes \_\_\_\_ No \_\_\_\_
2. Are you currently licensed as a professional wrestler in another state? Yes \_\_\_\_ No \_\_\_\_
3. Have you ever been licensed in Oklahoma? Yes \_\_\_\_ No \_\_\_\_

Wrestler voluntarily and knowingly agrees to participate in professional wrestling events. **PROFESSIONAL WRESTLING EVENTS ARE DANGEROUS.** Professional wrestler hereby acknowledges he/she may suffer permanent physical injuries from professional wrestling, either in a single event or from participating in multiple events. Professional wrestler 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 professional wrestler during participation in a professional wrestling event(s). I certify that I have read the foregoing application for professional wrestling license, and that all the 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.

**PROFESSIONAL WRESTLER HEREBY AGREES TO MAINTAIN A COPY OF HIS/HER CURRENT PHYSICAL AND HAVE THEIR BLOODWORK SENT DIRECTLY FROM THE LAB TO THE COMMISSION VIA FAX 405-900-8383.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Commission Approval: \_\_\_\_\_ Date: \_\_\_\_\_