



ID Issued: \_\_\_\_\_

POSSE # \_\_\_\_\_

Edmonton Combative Sports Commission Officials Licence Application							
Event Referee	\$200 🔲	Event Judge	\$200 🗌	]	Event	Ring General	\$200 🔲
Event Referee (Boxing Only)	\$100 🔲	Event Judge (Boxing only)	\$100 🔲 Any C		Any O	Other Official \$50 🔲	
APPLICANT'S LEGAL NAME (Last, First, Middle name or initial)						IDENTIFICATION (PICTURE):	
Phone / contact:						Date of Birth	1:
MAILING ADDRESS				CITY		PROVINCE	POSTAL CODE
E-MAIL ADDRESS:							
Have you ever been disciplined by a boxing/MMA or Combative sports Commission authority? Yes / No							
a) If "Yes", provide details & allegation, including the date and the Commission Authority.							
b) Result:							
Have you ever been charged or convicted of a criminal offence? Yes / No							
a) If " <b>Yes</b> ", provide details, including the date and location.							
b) Result:							
Please provide a summary of your experience in officiating Combative Sports for the past 5 years. Resume, fully outlining experience, with references is preferred.							





P.O. Box 2359 Edmonton, AB T5J 2R7

## Authorization to Disclose Information

I hereby authorize the City of Edmonton or representatives to transmit any information contained in this application, or in any document required to be filed herewith, or any suspension information related to my participation as an official to any governing combative sports body, Municipality, Province, State or Tribal Governing body for combative sports regulatory purposes. Initial \_\_\_\_\_

## Acknowledgement of Policies, Procedures and Code of Conduct

□ I confirm that I have read all the rules and regulations of the Edmonton Combative Sports Commission, including the Officials Code of Ethics. Initial \_\_\_\_\_

## Acknowledgement for Event Participation Rule

Pursuant to ECSC Policy #3, Procedure 7, and section 7(3) of Bylaw 15594, I acknowledge that receiving an officials licences does not guarantee I will be automatically selected to officiate any event. Selection of event officials is at the discretion and prerogative of the Executive Director or designate. Initial \_\_\_\_\_

Name: S	Signature:	Date:
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Approval by Executive Director (or designate) \_\_\_\_\_ Date: \_\_\_\_\_

Please note, failure to fully complete this application may result in denial of a license being granted.

The personal information requested on this form is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy (FOIP) Act* for the purpose of issuing and administration of licenses for combative sports events. In particular, your personal information on this form may be disclosed to other relevant governing bodies and/or commissions regulating combative sports, as well as combative sports records databases. If you have any questions about the collection, use or disclosure of your personal information, please contact the City of Edmonton Combative Sports administrator, c/o 17th Floor, Edmonton Tower, 10111 - 104 Avenue NW, Edmonton, Alberta T5J 0J4 or at 780-495-0382 or through email: ecs@edmonton.ca.