Nova Scotia Combat Sports Authority
APPLICATION FOR A PARTICIPANTS LICENSE

741 Bedford Highway
Halifax, NS B3M 2M1
phone: 902-869-3696
Email dir.nscsa@gmail.com

Fee: $50.00 For Contestant $25.00 for Manager, Seconds and Matchmaker

TYPE OF LICENSE SOUGHT (please circle one): **Contestant Manager Second Matchmaker**

APPLICANT
Last Name **Given Name(s)** **Alias (if applicable)**

CURRENT ADDRESS
Number & Street **Apt. #** **City/Town** **Postal Code**

MAILING ADDRESS ○ **as above or**

CONTACT NUMBERS ( ) - ( ) -
Home **Work** **Email Address**

PERSONAL | | |/| | | |/| | |
DOB: Day / Month /Year **Birthplace (Town/City/Prov/State/Country)**

GOVERNMENT ISSUED ID | | | | | | | | | | | | | |
Master Number (Attach a legible copy of the front and back of the identification card)

WAIVER I, the undersigned, fully understand and agree that, in the event that I participate in any contest in the Province of Nova Scotia, I shall submit to a post-fight urinalysis test to be conducted by the Nova Scotia Combat Sports Authority Medical Advisor, or a medical doctor approved by the Authority.

_____ _____
Date **Applicant Signature (Contestant)**

AGREEMENT I, the undersigned, fully understand that to the best of my knowledge and belief, the information contained in the application is true and accurate. I understand that to submit a license application containing false or inaccurate information is a violation of the Nova Scotia Combat Sports Authority Act and may result in revocation of the license, the imposition of a fine or both, at the discretion of the Authority.

_____ _____
Date **Applicant Signature**

I, the undersigned, fully understand and agree that the Nova Scotia Combat Sports Authority may from time to time disclose my personal information (including, but not limited to medical information and the information contained in this application form) to other combat sports authorities as may reasonably requested by such authorities. Furthermore, I understand and agree that my full name, date of birth and the status of my license may be disclosed to the public, and may be posted on the Nova Scotia Combat Sports Authority website

_____ _____
Date **Applicant Signature**

NOVA SCOTIA COMBAT SPORTS AUTHORITY USE ONLY

Fee Paid? Y N Comment: _____

Approval Granted? Y N Comment: _____

_____ _____ _____
Date **Secretary-Treasurer - NSCSA** **Chairman - NSCSA**