



South Australia Boxing and Martial Arts Act 2000

APPLICATION FOR REGISTRATION AS A NEW CONTESTANT

I apply to be registered as a boxing or martial arts contestant in South Australia.

Applications will not be processed unless ALL required certificates, attachments and fees are included with the application form. Incomplete applications will be returned unprocessed to the applicant.

SECTION 1

APPLICANT DETAILS:

Title: Mr [ ] Mrs [ ] Ms [ ] Miss [ ] Dr. [ ]

Surname: \_\_\_\_\_

Full given names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City/Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Telephone Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ Facsimile \_\_\_\_\_

Email: \_\_\_\_\_

Postal address: \_\_\_\_\_

City/Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

(if same as residential address write "as above")

SECTION 2

ENTITLEMENT TO BE REGISTERED

(Please answer Yes or No to the following questions in the space provided below, or on a separate sheet of paper if the space provided is insufficient.)

Q1. Are you or have you ever been previously registered as a boxing or martial arts contestant in South Australia?

If yes, provide details of registration with this application. Yes [ ] No [ ]

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**Q2.** Are you or have you ever been registered as a boxing or martial arts contestant (or its equivalent) in another State or Territory of Australia.

If yes, provide a photocopy of your registration.

Yes  No

**Q3.** Have you ever been suspended or banned by any boxing, martial arts or combat sports licensing authority, either in this State or another State or Territory of Australia?

If yes, provide details.

Yes  No

**Q4.** Are you applying to compete as an amateur or professional contestant?

Professional   
Amateur

**Q5.** Please list the type of boxing /martial arts styles you are applying as a contestant in:

*(e.g. Boxing, Muay Thai, MMA etc.)*

**Q7.** Give details of your last five contests (amateur or professional).  
If none, please state accordingly.

Date	Location	Am/ Pro	Opponent	Win/Loss	Injuries / suspension

***a = amateur, p = professional***

**Q 8.** Total Fight Record (at time of application)

Win                      Loss                      Draw

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**Q9.** Current trainer's name and address and phone number: -

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**SECTION 3**

**APPLICATION DECLARATION**

I, the applicant described in this form, do solemnly and sincerely declare that:

- I have read the *Boxing and Martial Arts Act 2000* and regulations and understand my legal obligations if the contestant's licence is granted; and
- The contents of this application form and attachments are true and correct and that I understand that providing false or misleading information is an offence under section 18 of the *Boxing and Martial Arts Act 2000*

I also authorise the Minister for Recreation, Sport and Racing to make any inquiries necessary for the purpose of determining this application.

**Permission to Disclose and Publish Personal Information**

I give permission to the Office for Recreation and Sport to publish my personal registration details, contest records and medical details in the Boxing and Martial Arts database of the Office for Recreation and Sport and I approve of the Office for Recreation and Sport disclosing such details to other regulatory bodies in Australia and elsewhere.

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(of applicant)

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(if under 18 years)

**Office Use Only:**

Interview Conducted: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Fees Receipt Number: \_\_\_\_\_

Medical Certificate Provided: YES/NO

Serology Certificate Provided: YES/NO      MRI Scan provided: YES/NO

Interview Conducted by: \_\_\_\_\_

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**SECTION 4**

**ADDITIONAL INFORMATION REQUIRED**

1. Application Fee - \$106.00 (Valid for 3 years)

Cheques or money orders should be made payable to:

***The Office for Recreation, Sport and Racing***

2. Completed medical examination form.
3. A serology **Certificate** (Blood test) not more than one (1) month old, preceding the date of lodgement of the licence application. To obtain this certificate you need to consult a medical practitioner.
4. Unless exempt, contestants are required to provide evidence of satisfactory MRI scan of their brain not more than one (1) month old preceding the date of lodgement of this application and three (3) yearly thereafter.
5. Two (2) recent id passport photographs.

**LODGEMENT OF COMPLETED APPLICATION**

Please return your completed application form and relevant documents to:

***Boxing and Martial Arts Compliance Officer***  
*Office for Recreation, Sport and Racing*  
*PO Box 219*  
*Brooklyn Park SA 5025*

*Or by hand to:*

*27 Valetta Road, Kidman Park SA 5025*

*Ph: 08 8457 1436 Mob: 0421 612 947*  
*email: [tom.hunter@sa.gov.au](mailto:tom.hunter@sa.gov.au)*

**IMPORTANT INFORMATION**

A copy of the *Boxing and Martial Arts Act 2000* and *Boxing and Martial Arts Regulations 2015* can be obtained at [www.legislation.sa.gov.au](http://www.legislation.sa.gov.au)

The application fee is non-refundable in the event that your application is not accepted.

MRI Scans – Some forms of boxing and martial arts may be exempt from this requirement. It is recommended that you clarify with the Boxing and Martial Arts Compliance Officer whether this requirement applies to you.