



# Arkansas State Athletic Commission

Arkansas Department of Health/Combative Sports  
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## Combative Sports License Application

- Application is for use by applicants for licensure by the Arkansas State Athletic Commission. License Expires June 30<sup>th</sup> after issue.
- Applicant must read and comply with applicable Commission Regulations when submitting this Application and after licensure.
- Applicant must submit the required documentation & fees preferably via Cashier's Check or Money Order with this Application.
- Application must be fully and correctly completed **PROPER SPELLING OF NAMES & ADDRESSES IS REQUIRED.**

Applicant's Name: _____	Social Security Number or EIN/TIN: _____
Applicant's Ring Name: _____	Date of Birth: _____ Age: _____
Applicant's Home Address: Street Address: _____ City: _____ State: _____ Zip: _____	Applicant's Mailing Address: Street or P.O. Box: _____ City: _____ State: _____ Zip: _____
Applicant's Phone #	Applicant's Fax #
Applicant's E-mail:	Emergency Contact #
<b>CONTESTANT'S LICENSE ONLY</b> (\$20 Each)(Select Type) Federal ID#/National MMA ID # _____ <input type="checkbox"/> Amateur Boxing <input type="checkbox"/> Amateur MMA <input type="checkbox"/> Elimination <input type="checkbox"/> Pro Boxing <input type="checkbox"/> Pro MMA <input type="checkbox"/> Exhibition <input type="checkbox"/> Martial Arts <input type="checkbox"/> MuayThai <input type="checkbox"/> Wrestling If No Federal/National ID #: <input type="checkbox"/> Federal Boxing ID – \$20 Extra <input type="checkbox"/> National MMA ID – \$20 Extra	<b>ALL OTHER LICENSES</b> (Each Applies to All Styles): <input type="checkbox"/> Announcer – \$20 <input type="checkbox"/> Matchmaker – \$100 <input type="checkbox"/> Doctor – No Fee <input type="checkbox"/> Promoter – \$100 <input type="checkbox"/> Event Coordinator – \$100 <input type="checkbox"/> Referee – \$25 <input type="checkbox"/> Inspector – No Fee <input type="checkbox"/> Second/Corner – \$15 <input type="checkbox"/> Judge – \$15 <input type="checkbox"/> Timekeeper – \$15 <input type="checkbox"/> Manager – \$50

1. Have you ever been convicted of a criminal offense other than a minor traffic violation or been detained for the use or possession of a controlled or illegal substance?  Yes  No If YES, please describe with dates: \_\_\_\_\_

2. Have you ever been suspended or disciplined (including license revocation) by any Athletic/Boxing/Combative Sports Commission?  Yes  No If YES, name of Commission and reason? \_\_\_\_\_

3. Contestants only, what is your manager's name and address: \_\_\_\_\_

**(TURN OVER – COMPLETE 2<sup>ND</sup> PAGE)**

Today's Date: \_\_\_\_\_

4. Managers & Promoters only, does any person or entity have a financial interest in any Contestant under contract with you?  
 Yes  No If YES, please list the name(s) & entity(ies) having an interest & the name of the Contestant in which they have an interest: \_\_\_\_\_
5. Do you have a financial or other interest in any Combative Sports club, company or other organization?  Yes  No  
 If YES, list the name and location of person or entity & describe interest: \_\_\_\_\_
6. Have you ever held a Combative Sports license in any other jurisdiction?  Yes  No If YES, list jurisdiction(s), dates of licensure & type of license held: \_\_\_\_\_
7. Have you ever been issued a Combative Sports license by the State of Arkansas?  Yes  No If YES, list the type of license and the dates of licensure: \_\_\_\_\_
8. Have you ever tested positive (even if a 2<sup>nd</sup> test was negative) for HIV or Hepatitis or Staph Infection:  Yes  No  
 If YES, please describe including dates and name of doctor or medical provider: \_\_\_\_\_

**HIPAA RELEASE/AUTHORIZATION**

By signature below, I request health information regarding my medical care and treatment be released to the Arkansas State Athletic Commission (“ASAC”) for use in initial and continued licensure related to Combative Sports. I authorize the release and discussion of my entire medical record including alcohol/drug treatment, mental health information, neurological, HIV and other blood borne pathogen records, patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to or received by other health care providers (“Released Information”). I understand this release may be provided to any health care provider possessing the Released Information and the health care provider may rely upon this release in releasing the Released Information, otherwise protected and confidential under the provisions of the federal Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”). I further understand the Released Information may be redisclosed by ASAC and such redisclosure may no longer be protected by federal or state law. I understand I may revoke this authorization unless ASAC has already taken action pursuant to this authorization. If I wish to revoke this authorization, I may do so by mailing a revocation to the health care provider. I understand signing this release is voluntary, but a Combative Sports license will not be issued unless this release is signed.

**ACKNOWLEDGMENT**

Although precautions may be taken to ensure my safety, I fully understand and appreciate Combative Sports will expose me to a very high risk of incurring serious personal injury including, without limitation, brain damage, broken bones, bruising, loss of eyesight, neurological damage, permanent paralysis, and death (“Personal Injury”). I voluntarily and knowingly recognize, accept and assume the risk of and responsibility for Personal Injury to myself resulting from my participation in Combative Sports. For my safety and the safety of others, I agree to abide by all instructions of the Event Officials and Event facilities, as well as, all applicable Commission Regulations. I understand and agree medical or other service rendered to me by or at the request of the Commission or any other person at an Event is not an admission of liability nor does it obligate the continued provision of any such services. By signature below, I certify and declare under penalty of perjury: (i) I have read and understood the foregoing application; (ii) the information therein is knowingly and freely given by me; (iii) the information is true and correct; (iv) I have read or am familiar with ASAC’s current Combative Sports Regulations; (v) if a license is issued by ASAC pursuant to this Application I will abide by all applicable laws and Regulations. Any license is a privilege not a right. If applying for an Amateur license, I certify I have never, directly or indirectly, received or competed for any Purse exceeding the lesser of \$100 or the actual expenses incurred by me for training and traveling related to a contest and further certify I meet the definition of an Amateur under Commission Regulations.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant’s Printed Name (Please Print Neatly): \_\_\_\_\_

**IF APPLICANT IS UNDER AGE EIGHTEEN (18) MUST COMPLETE, SIGN & SUBMIT PARENTAL/LEGAL GUARDIAN CONSENT FORM**