



# CONTESTANT INFORMATION

Contestants wishing to compete in Boxing or Martial Arts events in South Australia are required to be registered under Part 4 of the *Boxing and Martial Arts Act 2000*.

## ABOUT REGISTRATION

- Before you register you must undergo a medical examination and be provided with a Certificate of Fitness signed by a Medical Practitioner. This medical examination must be conducted within 14 days before the date of application.
- In order to obtain a Certificate of Fitness, at the time of your examination you must provide the Medical Practitioner with:
  - a pathology report less than six (6) months old indicating your negative status in relation to HIV, Hepatitis B and Hepatitis C; and
  - an MRI of the head scan less than three (3) years old (unless exempt under rules approved by the Minister for the discipline)
- You must indicate on the registration application form each discipline you wish to be registered for. You must not compete in an event of a kind for which you are not registered.
- You should undergo an annual medical examination to determine your ongoing fitness to compete in events of the kind for which you are registered.

## COMPETING IN EVENTS

### Before the Contest

- It is your responsibility to ensure you are familiar with the approved rules for all of the disciplines for which you are registered to compete.
- You must make yourself available for the official weigh-in prior to competition.
- You must make yourself available to the ringside Medical Practitioner to undergo a pre-event examination. This occurs at the venue.
- You cannot compete unless the Medical Practitioner gives you a medical clearance.

### After the Contest

- You must make yourself available to the ringside Medical Practitioner to undergo a post-event examination. This occurs at the venue immediately after your competition.
- You should ensure that you follow any instructions given to you by the ringside Medical Practitioner (e.g. rest periods, further treatment or examinations if required)
- You should advise the Office for Recreation, Sport and Racing at [ORSR.CombatSports@sa.gov.au](mailto:ORSR.CombatSports@sa.gov.au) of any stand-out or rest period, requirement for further medical examination or suspension as directed by the ringside Medical Practitioner within 7 days.



## SUSPENSION OR CANCELLATION OF YOUR REGISTRATION

- Relying on the information provided by Medical Practitioners who has examined you, the Minister must suspend or cancel your registration if they believe you are not fit to compete in events of the kind for which you are registered.
- The Minister may also suspend or cancel your registration if they are satisfied that you have:
  - Breached a provision of the *Boxing and Martial Arts Act 2000* or a corresponding provision of an Act of another state or territory; or
  - Competed in a Boxing or Martial Arts contest after a Medical Practitioner has declared you unfit to do so.
- If your registration has been suspended or cancelled in relation to you being unfit to fight, the suspension or cancellation cannot be removed unless you provide to the Minister two medical certificates that:
  - Certify that you are fit to compete in events of the kind for which you are registered;
  - Have been signed by different Medical Practitioners
  - The certificates are based on examinations that occurred less than seven (7) days prior to you applying for removal of the suspension or re-registration.
- Notice of a suspension or cancellation of your registration will be advised to you in writing.

## REVIEWS AND APPEALS IN RELATION TO REGISTRATION

- If your interests are adversely affected by a decision made by the Minister in relation to your registration you can apply for a review by the Minister. This review is free of charge. Once lodged, the review must be completed within 28 days. If the review has not been completed within that timeframe, the Minister is taken to have confirmed the original decision.
- If you are not satisfied with the decision of the Minister in relation to the review, you may apply for a review of the Minister's decision through the South Australian Civil and Administrative Tribunal (SACAT). You must lodge this application within one (1) month of the completion of the Minister's decision. There are costs associated with an application for review to SACAT that you would need to pay.

For more information about this process, contact SACAT on 1800 723 767 or [sacat@sacat.sa.gov.au](mailto:sacat@sacat.sa.gov.au) or visit [www.sacat.sa.gov.au](http://www.sacat.sa.gov.au)



# REGISTRATION INFORMATION

Registrations must be received by the Office for Recreation, Sport and Racing AT LEAST seven (7) business days prior to the date of the contest in which the contestant intends to compete.

Registrations will not be finalised unless ALL details and questions are completed, required documents attached and accompanied by a receipt for direct payment of the required fee.

## 1. Application Fee - \$113.00 from 1 July 2020 (Valid for three (3) years on approval)

Electronic Funds Transfer to:

Name: DPC Operating A/C Receivable  
BSB: 065 266  
Account: 1001 9370

Reference: (Your Surname) BMA-ORSR

Proof of payment must be submitted with your application.

The application fee is non-refundable in the event that your application is withdrawn by you or is not approved.

## 2. Proof of Identity

You are required to provide a certified copy of photo identification. This can be in the form of a driver's licence, passport, proof of age card or student identification card.

Your identity document can be certified as 'a true copy of the original document' by a Justice of the Peace (JP), lawyer, teacher, medical practitioner, Commonwealth or State Government employee or an employee of Australia Post.

## 3. Certificate of Fitness

The Certificate of Fitness must be signed by a Medical Practitioner and completed in full, stating:

- Date of Serology
- Date of MRI Head (if applicable)

MRI Scans – Some forms of boxing and martial arts may be exempt from this requirement. It is recommended that you clarify with the Office for Recreation, Sport and Racing whether this requirement applies to you.

Medical forms specific to Boxing and Martial Arts can be downloaded from [https://www.orsr.sa.gov.au/sport\\_and\\_recreation/boxing\\_and\\_martial](https://www.orsr.sa.gov.au/sport_and_recreation/boxing_and_martial)



## LODGEMENT OF COMPLETED APPLICATION

Please return your completed application form, relevant documents and receipt of payment to:

**By Email:**

[ORSR.CombatSports@sa.gov.au](mailto:ORSR.CombatSports@sa.gov.au)

**By Post:**

Office for Recreation, Sport and Racing  
PO Box 219  
Brooklyn Park SA 5032

**In Person:**

Office for Recreation, Sport and Racing  
27 Valetta Road  
Kidman Park SA 5025

## 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)

It is recommended that you retain this information for your records (Pages 1 to 4).



# CONTESTANT REGISTRATION FORM

Issued under the *Boxing and Martial Arts Act 2000* and *Boxing and Martial Arts Regulations 2015*

Incomplete registration forms will be returned to the applicant.

APPLICANT DETAILS					
<b>FULL LEGAL NAME:</b>					
<b>OTHER NAME(S) YOU ARE KNOWN BY:</b>					
<b>DATE OF BIRTH:</b>					
<b>SEX:</b>	<b>FEMALE</b> <input type="checkbox"/>				<b>MALE</b> <input type="checkbox"/>
<b>RESIDENTIAL ADDRESS:</b>					
<b>SUBURB:</b>		<b>STATE:</b>		<b>P/CODE:</b>	
<b>POSTAL ADDRESS:</b>					
<b>SUBURB:</b>		<b>STATE:</b>		<b>P/CODE:</b>	
<b>CONTACT NUMBER:</b>					
<b>EMAIL ADDRESS:</b>					

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

Yes  No

Q2 Have you ever been registered as a Boxing and/or Martial Arts contestant (or its equivalent) in another State or Territory of Australia?

Yes (Please provide a copy)  No

State: \_\_\_\_\_ Discipline: \_\_\_\_\_ Capacity: \_\_\_\_\_

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

Yes  No

If yes, please provide details:



Q4 Please select which disciplines you are registering for (please select all that apply):

Boxing                       Muay Thai                       Kickboxing                       MMA

Other (please provide details): \_\_\_\_\_

**CONTEST RECORD**

Provide details of your last five contests:

DATE	EVENT	LOCATION	A/P	OPPONENT	WIN/LOSS	INJURIES

A: Amateur                      P: Professional

**TOTAL FIGHT RECORD (at the time of application):**

WIN	LOSS	DRAW

**CURRENT TRAINER:**

<b>NAME:</b>	
<b>CONTACT NUMBER:</b>	
<b>EMAIL ADDRESS:</b>	
<b>NAME OF GYM:</b>	



**APPLICANT'S DECLARATION**

I, \_\_\_\_\_, do solemnly and sincerely declare that:

- I have read the *Boxing and Martial Arts Act 2000* and *Boxing and Martial Arts Regulations 2015* and understand my legal obligations if my application is approved;
- The information I have provided in this application form and attachments is true and correct and that no information has been intentionally omitted; and
- I understand that providing false or misleading information (whether by reason of the inclusion or omission of any particular) is an offence under Section 18 of the *Boxing and Martial Arts Act 2000*.

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

**PERMISSION TO RETAIN AND DISCLOSE PERSONAL INFORMATION**

I give permission to the Office for Recreation, Sport and Racing to retain my personal registration details, contest records and Certificates of Fitness in the Boxing and Martial Arts database for use by the Office for Recreation, Sport and Racing to administer the Act.

I give permission to the Office for Recreation, Sport and Racing to collect and disclose my registration details, contest records and Certificate of Fitness with my nominated trainer, any promoter whose event I may compete in and the sanctioning body conducting the event.

I approve of the Office for Recreation, Sport and Racing disclosing such details to other recognised authorities of another State or Territory of the Commonwealth for the purposes of assisting the Boxing and Martial Arts industry to maintain integrity and participants safety.

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name: \_\_\_\_\_

**PARENTAL/GUARDIAN CONSENT**

*This MUST be completed by the parent/guardian if the applicant is under 18 years of age*

I, the undersigned parent or legal guardian of the above applicant who is a minor, confirm:

- I have the legal authority to act on behalf of the applicant;
- The information provided in this application form and attachments is true and correct and that no information has been intentionally omitted; and
- I understand that providing false or misleading information (whether by reason of the inclusion or omission of any particular) is an offence under Section 18 of the *Boxing and Martial Arts Act 2000*.

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name: \_\_\_\_\_ R/ship to applicant: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_