



APPLICATION FOR PROFESSIONAL ATHLETE - KICKBOXING

All items in this application are mandatory. If not applicable, use N/A. Failure to provide any of the requested information will delay the processing of your application.

Application Fee: \$60 APPLICATION FEE IS NON-REFUNDABLE	<i>For Office Use Only</i>	<i>For Office Use Only</i>
	Receipt # _____ Date Cashiered: _____	Date Received

SECTION 1: PERSONAL INFORMATION

First Name		Middle Name		Last Name	
SSN/ITIN		Telephone Number () -		Email Address	
Residence Address		City		State	
				Zip	
<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (MM / DD / YYYY)		Height _____ Ft. _____ In.	
				Weight _____ pounds	

SECTION 2: MEDICAL REQUIREMENTS

The following medicals are required for licensure. Please visit the Commissions website for the appropriate forms.

1. Physical Examination	4. Magnetic Resonance Imaging (MRI) and MRI Review Summary
2. Eye Examination	5. Electrocardiogram (EKG) and Cardiovascular History
3. Neurological Examination	6. Blood Tests

SECTION 3: EXPERIENCE

Professional Kickboxing record: Wins: _____ Losses: _____ Wins by KO/TKO: _____ Losses by KO/TKO: _____	Amateur Kickboxing record: Wins: _____ Losses: _____ Wins by KO/TKO: _____ Losses by KO/TKO: _____
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SECTION 4: MILITARY QUESTIONS

1. Have you served, or are you currently serving, in the U.S. Armed Forces?	<input type="checkbox"/> NO <input type="checkbox"/> YES
2. Are you requesting expediting of this application for honorable discharged members of the U.S. Armed Forces?	<input type="checkbox"/> NO <input type="checkbox"/> YES
<i>Must supply satisfactory evidence of being honorably discharged from being an active duty member of the U.S. Armed Forces.</i>	
3. Are you requesting expediting of this application for spouses or domestic partners of an active duty member of the U.S. Armed Forces?	<input type="checkbox"/> NO <input type="checkbox"/> YES
<i>Must supply satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active duty member of the U.S. Armed Forces who is assigned to a duty station in California under official orders, and a current license in another U.S. licensing jurisdiction.</i>	

SECTION 5: REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT VISA STATUS

Business and Professions Code section 135.4 provides that CSAC must expedite, and may assist, the initial licensure process for certain applicants described below.

NO YES

Do any of the following statements apply to you:

- You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;
- You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or,
- You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.

SECTION 6: LICENSE HISTORY

1. If you are now or have ever been licensed by the California State Athletic Commission, another athletic commission, or any similar governmental authority, provide the following information for each license, listing the most recent first:

TYPE OF LICENSE	DATE(S)	STATE/OTHER COMMISSION/ GOVERNMENTAL AUTHORITY
_____	_____	_____
_____	_____	_____

2. Has your license ever been suspended, revoked or fined by the California State Athletic Commission, another athletic commission or any similar governmental authority? NO YES If YES, provide the following information:

TYPE OF LICENSE	ACTION TAKEN	REASON FOR ACTION	DATE(S)
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 7: BACKGROUND INFORMATION

1. Have you ever used any other name(s)? NO YES If yes, list name(s): _____

2. Have you ever been disqualified in any competition? NO YES If yes, please explain: _____

3. Has your license ever been denied, suspended or revoked in any state or country for medical reasons (OTHER THAN HIV, HBV, OR HCV)? NO YES If yes, please explain: _____

4. Are there charges pending against you by the California State Athletic Commission, another athletic commission or any similar governmental authority? NO YES If YES, provide the following information:

OFFENSE	DATE OF OFFENSE	GOVERNMENT AUTHORITY	HEARING DATE(S)
_____	_____	_____	_____
_____	_____	_____	_____

5. Have you ever been convicted of any offense other than minor traffic violation? NO YES If yes, please provide the following information:

NOTE: You must include all misdemeanors and felonies, even if adjudication was withheld, or the conviction was discharged, set aside, or expunged.

OFFENSE	DATE OF OFFENSE	CITY, STATE, COUNTRY	HEARING/TRIAL DATE(S)
_____	_____	_____	_____
_____	_____	_____	_____

6. Are there any charges pending against you by any law enforcement agency? NO YES If YES, provide the following information:

OFFENSE	DATE OF OFFENSE	CITY, STATE, COUNTRY	HEARING/ TRIAL DATE
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 8: EMERGENCY CONTACT

EMERGENCY CONTACT INFORMATION:

Name _____ Relationship _____ Phone Number _____
Address _____ City _____ State _____ Zip Code _____

SECTION 9: DECLARATION

APPLICANT DECLARATION

I declare under penalty of perjury under the laws of the State of California, that I have read the foregoing application for license and that all the answers given are my own. I further declare that all the answers are true. I understand that any misstatement of material fact in this application will constitute grounds for denying or revoking the license.

Applicant's signature: _____ Date: _____

ALERT: Effective July 1, 2012, the Commission is required to deny an application for licensure and to suspend the license of any applicant or licensee who has outstanding tax obligations due to the Franchise Tax Board (FTB) or the State Board of Equalization (BOE) and appears on either the FTB or BOE's certified lists of top 500 tax delinquencies over \$100,000. (*AB 1424, Perea, Chapter 455, Statutes of 2011*)

Once it has been determined that an applicant or a licensee is on a certified list, the applicant or licensee has 90 days from the issuance of a preliminary notice of suspension to either satisfy all outstanding tax obligations or enter into a payment installment program with the FTB or BOE. Any such person who fails to come into compliance will have his/her license denied or suspended until the Commission receives a release from the FTB or BOE. The form for requesting a release will be included with the preliminary notice of suspension. The law prohibits the Commission from refunding any money paid for the issuance or renewal of a license where the license is denied or suspended as required by AB 1424. The FTB and BOE are currently expanding the certified lists from 250 to 500, but you can check if you are currently on the FTB's certified list at: www.ftb.ca.gov/individuals/txdlngnt.shtml or the BOE's certified list at: www.boe.ca.gov/cgi-bin/deliq.cgi. If you believe you are on either list in error, please call the FTB at (866) 418-3702 or the BOE at 916-445-5167.

AUTHORIZATION TO RELEASE INFORMATION

Authority to provide the California State Athletic Commission with this information is established pursuant to Sections 18640, 18642 and 18643 of the Business and Professions Code. Disclosure of your social security number is mandatory pursuant to Section 30 of the Business and Professions Code and Pub. L.94-455 (42 USCA 405(c)(2)(C)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code. The social security number is also used to report and credit boxer pension fund payments in implementing Sections 18880, 18881, 18882, 18883, 18884, 18887, and 18888 of the Business and Professions Code. If you fail to disclose your social security number your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. Information on your application and physical examination report may be released to law enforcement agencies. Applicants have the right to review their application subject to the provisions of the Information Practices Act. The Executive Officer is the custodian of records.



THE DANGERS OF CUTTING WEIGHT AND DEHYDRATING



Unhealthy and dangerous weight loss practices continue to be a serious problem in combat sports. One recent study found that 39% of MMA fighters were entering competition in a dehydrated state. Heat illness and death in athletes have already happened in the sports of wrestling and MMA. It's been shown that excessive weight loss, rapid weight loss, and repeated cycling of weight gain/loss causes decreased performance, hormonal imbalance, decreased nutrition, and increased injury risk. Other life-threatening problems associated with improper weight loss and dehydration include:

- **Decreased Muscle Strength and Endurance:** Decreased blood flow to muscles makes them work less well.
- **Decreased Heart and Cardiovascular Function:** The heart works harder *and* less efficiently.
- **Reduced Energy Utilization, Nutrient Exchange and Acidosis:** With decreased blood flow to tissues, nutrients don't get delivered, and the body's waste products do not get removed as well. A buildup of acid occurs which changes cells' functions in the body.
- **Heat Illness:** This takes on four forms: heat cramps, heat syncope (loss of consciousness), heat exhaustion, and heat stroke (which may be fatal). Dehydration results in decreased blood flow to skin and muscles. This is followed by decreased ability to regulate body temperature. The ability to sweat becomes impaired and core body temperature can rise. This increases the threat of all of these to poorly hydrated athletes doing strenuous workouts.
- **Decreased Kidney Function:** Dehydration leads to decreased kidney blood flow and decreased kidney function. This contributes to the problems listed in the points here, in addition to decreased urine output, concentrated urine, and leakage of protein into the urine. (It is not known if these changes can result in permanent kidney damage.)
- **Electrolyte Problems:** Decreased kidney function results in imbalances of electrolytes such as unhealthy increases in potassium and sodium.
- **Mood Swings and Mental Changes:** All of the above contribute to increased mood swings, poor concentration and focus, disorientation and other mental changes.
- **Eye Trouble:** Dehydration can cause blurred vision and dry eyes.
- **Increased Risk of Brain Injury:** There are likely increased risks of brain bleeding and concussion.

DON'T:

- Don't use extreme methods for making weight such as excessive heat methods (rubberized suits, steam rooms, saunas), excessive intense bouts of exercise, vomiting, laxatives and diuretics.
- Don't use dehydration as a mainstay of making weight. In addition to the above, it puts you at risk of improper rehydration techniques — when, in reality, proper re-hydration takes several hours to days. (Many cases of intravenous fluids being used for rehydration after weigh-ins have been reported – this is a doping violation with several organizations.)

DO:

- Commit to year-round proper diet and training for proper weight control and body composition.
- By maintaining your weight year round near an appropriate competition weight and not competing in a weight class outside your appropriate weight class you will help avoid large swings in weight.
- Maintain a good state of hydration by drinking fluid throughout the day and staying hydrated during workouts.
- Follow nutritional programs that meet your needs for adequate amounts of calories from a balanced diet high in healthy carbohydrates, the minimum requirement of fat, and appropriate amounts of protein.
- Be wary of nutritional supplements as they are not regulated by the FDA and some have been shown to be harmful.

For more information visit: www.associationofringsidephysicians.org