



## Pro Debut Participant Information Sheet

<i>For Office Use Only</i>
<b>Date Received</b>

### SECTION 1: PERSONAL INFORMATION

Participant First Name		Participant Middle Name		Participant Last Name	
Date of Birth (MM/DD/YYYY)		Telephone Number (    )    -		Email Address	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age _____ Years	Height _____ Ft. _____ In.		Weight _____ Lbs.

### SECTION 2: PARTICIPANT INFORMATION

Has the participant trained with the trainer completing the form from the beginning of training?  Yes  No

If **No**, with whom else did the participant train with and what is their contact information? \_\_\_\_\_

\_\_\_\_\_

Weight as an amateur: \_\_\_\_\_      Weight at start of training: \_\_\_\_\_      Weight today: \_\_\_\_\_

Weight for the proposed bout: \_\_\_\_\_      Date of bout: \_\_\_\_\_      Length of training: \_\_\_\_\_

Did the participant suffer any injury (in or out of the gym) during training?  Yes  No

If **Yes**, explain in detail: \_\_\_\_\_

\_\_\_\_\_

### SECTION 3: TRAINING INFORMATION

Describe what type of training the participant underwent in preparation for this bout: **Be detailed in your description.**

Cardiovascular (explain): \_\_\_\_\_

\_\_\_\_\_

Bag work (explain): \_\_\_\_\_

\_\_\_\_\_

Sparring (include number of rounds, duration of rounds, who participant has sparred with and date of the last sparring session): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 4: EXPERIENCE**

<u>Amateur Boxing Record</u>	<u>Amateur Martial Arts Record</u>
<b>Provide a copy of the passbook/record book</b>	<b>Circle One:    Kickboxing                      Martial Arts</b>
Wins: _____                      Wins by KO/TKO: _____	Wins: _____
Losses: _____                      Losses by KO/TKO: _____	Wins by KO/TKO/Submissions: _____
	Losses: _____
	Losses by KO/TKO/Submissions: _____

If the participant's previous experience is in amateur boxing, detail their past experience.

# of Junior Olympic bouts: \_\_\_\_\_                      # of Novice bouts: \_\_\_\_\_                      # of Open bouts: \_\_\_\_\_

State any other relevant information regarding the participant's ability to compete in combative sports to include providing documentation if available: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was the participant ever a member of an organized combative sports organization such as USA Boxing, CAMO or similar organization?     **Yes**     **No**

If **Yes**, state the organization and when the participant last competed: \_\_\_\_\_

\_\_\_\_\_

**SECTION 6: ADDITIONAL RELEVANT INFORMATION**

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**You may be required to undergo an athlete skills evaluation. Check with the Commission if this will apply to you. If this is required, you must undergo the complete licensing process prior to the gym evaluation.**

**If a copy of the passbook or record book is not available, DO NOT complete this form until you are authorized to do so by the Commission.**

**SECTION 7: APPLICANT / PROFESSIONAL TRAINER 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.

Participant: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name Signature

Pro Trainer: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name Signature

**This form may ONLY be completed by a licensed Professional Trainer per Business and Professions Code Section 18653:**

No person shall train a professional boxer or kickboxer or martial arts athlete unless he or she has been licensed by the Commission. A Professional Trainer is someone who is responsible for the day-to-day training of those athletes and possesses a minimum of five years' experience in combative sports. Only licensed Professional Trainers may make a recommendation to the Commission on whether a contestant is prepared for his or her first amateur bout or to turn professional. A Professional Trainer **shall be present** in the corner of the contestant unless otherwise authorized by the Commission or the Executive Officer.

**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](http://www.associationofringsidephysicians.org)