

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY · GAVIN NEWSOM, GOVERNOR

DEPARTMENT OF CONSUMER AFFAIRS · CALIFORNIA STATE ATHLETIC COMMISSION

2005 Evergreen St., Suite 2010, Sacramento, CA 95815

P (916) 263-2195 | TTY (800) 326-2297 | www.dca.ca.gov/csac



# of Open bouts:

## Pro Debut Participant Information Sheet

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.

Participant:	Age:	Height:	□ Male	□ Female
Has the participant trained with the trainer completing whom else did the participant train with and what is the				
Weight as an amateur: Weight at Weight for the proposed bout: Date of b	t start of training: _ out:	Weigh Length of trai	t today: ning:	
Describe what type of training the participant underw Please use back of page if necessary.	ent in preparation	for this bout: Be d	etailed in youı	description.
Cardiovascular (explain):	ation of rounds, w	ho sparred with an	d when was the	e last sparring
Did the participant suffer any injury (in or out of the gradetail. (Use back of page if necessary):  Please provide a copy			If <b>YES</b> , please	e explain in
	y or the passboo			
Amateur Boxing Record		Amateur Marti	al Arts Record	
			A: NA 1 - 1 - A 4	
Wins:Wins by KO/TKO:		☐ Kickboxing ☐ I	viixed iviartiai Art	S
	Wins:	□ Kickboxing □ I		
Wins:Wins by KO/TKO:		_	O/Submissions:	

Page 1/2

# of Novice bouts: \_\_\_\_\_

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

## **Pro Debut Participant Information Sheet**

Partici	pant Name:			
State other relevant information regarding the participant's ability to compete in combative sports to include providi documentation if available (Use back of page if necessary):				
		s organization such as USA Boxing, CAMO, or zation and when the participant last competed:		
Additional relevant information:				
CHECK WITH THE COMMISSION IF	THIS WILL APPLY TO YOU	THLETE SKILLS EVALUATION. . IF THIS IS REQUIRED YOU MUST UNDERGO R TO THE GYM EVALUATION.		
If the participant was a member of an or organization please provide a copy of the		ganization such as USA Boxing or similar		
If a copy of the passbook or record book by the Commission. Contact the Comm		emplete this form until you are authorized to do se		
I declare under penalty of perjury under <b>Participant Information Sheet</b> and that the answers are true. I understand that a denying or revoking the license.	t all the answers and informa any misstatement of material	CLARATION  fornia, that I have read the foregoing Pro Debut ation given are my own. I further declare that all I fact in this sheet will constitute grounds for		
Participant: Printed Name	Signature	 Date		
Pro Trainer:Printed Name	-			
Printed Name	Signature	Date		

Page 2/2

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