



Combative Sports Commission Combatant Package

In an effort to standardize and streamline the process for medical requirements and approvals for a Combatant to participate in an Event in Lethbridge, the Lethbridge Combative Sports Commission has developed the following guidelines/instructions and forms:

A) Medical Forms:

1. Print out the Medical History Form and the Physician's Registration Exam Form. This document is a two-sided form but can be printed out separately.
2. The Medical History Form is to be completed by the Combatant and then taken to their Family Physician along with the Physician's Registration Exam Form.
3. The Physician will complete the Physician's Registration Exam Form and will attach the required results of all Medical Tests, Imaging and Blood Work. **Unless specifically requested by the Commission, Combatants under the age of 40 years do not require an MRI/CT scan, an ECG, a detailed Ophthalmologic Examination or a comprehensive Neurological Examination.**
4. The forms and all relevant results will be forwarded to the Promoter and as soon as possible, be made available to the Lethbridge Combatant Sports Commission for their review.
5. The Medical History and the Physician's Registration forms are only valid for the specific Event the Combatant is scheduled to participate in. These forms must be dated within **120 Calendar Days** of the scheduled Event date.
6. Blood Work results are valid for **twelve (12) months** prior to the scheduled Event date.
7. Pregnancy tests must be dated no longer than **SEVEN (7) Calendar Days** prior to the scheduled Event date.
8. All medical results must be submitted at least **SEVEN (7) Calendar Days** prior to the scheduled Event date.

9. Combatants who are 40 years and older will be required to obtain the following additional medical testing:

- a) Magnetic Resonance Imaging (MRI) of the Brain without contrast.
- b) Electrocardiogram (ECG).
- c) Neurocognitive testing, with a notation of any deterioration from the baseline (first) assessment. The Commission will accept results from one of the following:
 - i. assessment by a Neurologist;
 - ii. assessment by a medical Physician referencing the Sport Concussion Assessment Tool - 5th Edition (SCAT5) or most recent version;
 - iii. assessment by a Concussion Clinic.
- d) Ophthalmologic eye exam with pupil dilation and retinal examination.

The documentation must be dated no longer than ONE (1) calendar year prior to the date of the Event.

10. The Commission reminds all fighters, trainers and promoters that final medical approval to participate in combative sport will be made by the ringside Physician.

B) Waiver:

1. Read the waiver.
2. Fill out the waiver form. Initial each paragraph, sign and date the form.
3. The waiver should be returned to the Lethbridge Combative Sports Commission at least seven (7) days prior to the weigh in date. The waiver can be scanned and emailed to lscscom18@gmail.com or sent to the promoter who will forward the form to the Commission. **Photographs of documents will not be accepted.**

C) Coaches/Cornermen

1. Fill out the Coaches/Cornermen form.

2. Each Combatant can have up to three (3) in their corner. The coaches and cornermen will fall under the combatant's registration and will be subject to the Commission's rules and regulations.
3. This form should be returned with the waiver.



Combative Sports Commission

COMBATANT MEDICAL HISTORY FORM:

Legal Name: Last First Middle

Address: Street City Prov Country

Telephone: E-mail: Date of Birth:

Sex: M F Emergency Contact/Phone#: Event Date:

Health History -- This section is to be completed by the Combatant.

Do you have, or have you ever had any of the following?

Table with 2 columns: Yes, No. Rows include Seizure, flashing lights; Headaches or dizziness; Cerebral hemorrhage; Passed out during exercise; Double or blurred vision; LASIK, PRK, or other eye surgery; Retinal Detachment; Hearing difficulty; Broken nose; Chest pain; Irregular heartbeat or murmur; Muscle cramping during exercise; High blood pressure; Asthma or wheezing; Fractures/sprains/cuts; Neck or spine injury; Hernia; Cold sores, fever blisters or herpes; Diabetes; Bleeding problems; Hepatitis or liver problems; Heat stroke/heat exhaustion; Recent illness or fever; Sickle cell trait or disease.

If "Yes" to any of the above, explain:

- Have you ever had a concussion, a head injury, or lost consciousness?
Have you ever needed surgery?
Do any diseases run in your family?
Have you seen a doctor for any medical problem in the last 3 months?
Do you have any other medical conditions or training/sparring injuries?
Women only: Have you ever had any type of breast surgery?
Is there any chance you may be pregnant?

Are you allergic to any medications or supplements?

What medications or supplements are you taking on a regular basis?

What medications or supplements have you taken within the last two weeks?

Sport History

Amateur Record: Pro Record:
Date of last bout: Result: Number of times knocked out:
Number of times knocked out in past year: Date of last knock out:

I hereby authorize the Lethbridge Combative Sports Commission to have immediate and unlimited access to any and all medical records which may relate to my fitness to participate in combative sports or are related to an injury or suspected injury sustained as a result of a combative sports match.

Name (printed) Signature Date



Combative Sports Commission
PHYSICIAN'S REGISTRATION EXAM:

Legal Name: Last First Middle

Address: Street City Prov Country

Date of Birth: Sex: M F Event Date:

PHYSICAL EXAM: This section is to be completed by the examining physician.

Height: Weight: Temp: Afebrile RR: BP: HR:

Table with columns for Normal, Abnormal, and Deferred. Rows include General, HEENT (Head, PERRLA/EOMI, etc.), Vision, Heart, Chest, Abd., Ext., Skin, and Neuro.

Abnormals:

Table for MEDICAL TESTING with columns: Negative/Normal, Positive, Not Reviewed, Not Required, Date of test/exam. Rows include Hepatitis B, C, HIV, HCG, and Other.

Unless specifically requested by the commission, Combatants under the age of 40 years do not require the following:

Table with columns: Negative/Normal, Positive, Not Reviewed, Not Required, Date of test/exam. Rows include CT Scan/MRI Brain, ECG, Ophthalmologic Examination, and Neurological Examination.

I hereby certify that based on the statements made by the participant on the reverse side of this form, my physical findings, and pending any medical testing not yet reviewed, it is my opinion that said participant IS IS NOT in good physical condition and is/is not medically cleared to be licensed/registered as a competitor in combative sports.

Reason not cleared for competition:

Physician's Name, M.D. Signature Date

Office Address Phone Email



Combative Sports Commission

Hold Harmless Liability and Personal Injury Waiver

Combatant's Name: _____

Address: _____

Phone Number: _____ Email: _____

(Initial)____ - **RELEASE.** I hereby acknowledge and agree to hold harmless, not to hold liable, and not to bring any demand or commence any claim whatsoever, legal or equitable, including any claim for negligence, against the City of Lethbridge and/or the Lethbridge Combative Sports Commission or any of their respective agents, promoters, servants, employees, staff, volunteers, officials, referees, Emergency, Security & Police Personnel, Physicians and any other Medical Personnel, other combatants or participants, managers, trainers, Facility and Property owners where the said event is taking place, ("Releasees") for any injury or death, expense, loss of income or damage/destruction of property, suffered or incurred as a result of my Participation in any activity or bout organized by the above noted Releasees regardless of whether such injury and/or loss is known, unknown, or due to any cause whatsoever, including or resulting from the acts, conduct, negligence, or omissions of the Releasees. I understand that negligence includes the failure on the part of the Releasees to take reasonable steps to safeguard or protect me from the risks, dangers and hazards associated with combative sports.

(Initial)____ - **ASSUMPTION OF RISK.** I, as the Athlete or Participant, **fully understand that full contact combative sports are activities that inherently carry a very real and substantial risk of severe injury or death to me.** I fully understand the dangerous nature of the sport and freely and fully consent to participate as a combatant/fighter in the event known as:

(event name and date)

(Initial)____ - **INDEMNIFICATION.** I shall indemnify, defend, pay on behalf of and hold harmless, the Releasees, from and against all loss, claims, demands, costs (including solicitor/client costs), damages, actions, suits or proceedings arising out of, or in connection with, the activities or performance of this event by myself, my agents, representatives, employees or next of kin.

I have read and fully understand this waiver and I have had the time and the freedom to seek legal counsel or advice prior to signing this waiver. I am signing this waiver of my own free will without any duress or undue pressure. I acknowledge that I am in the proper physical and mental health to participate in the above-named event.

It is also my intent to have this waiver extend to my estate and to bind my heirs, executors, administrators, representatives and assigns.

Signature of Combatant: _____ Date: _____

Signature of Witness: _____ Date: _____



Coaches/Cornermen

Combatant's Name: _____

Each combatant can have up to three (3) coaches/cornermen at cage/ring side. The attending coaches/cornermen fall under the registration of the combatant and are subject to the rules and regulations of the Lethbridge Combative Sports Commission.

1. Name: _____

2. Name: _____

3. Name: _____



40 Years and Over Medical Checklist

Blood work that includes negative results for Hepatitis B Surface Antigen, Hepatitis C and HIV.

Magnetic Resonance Imaging (MRI) of the brain without contrast.

Electrocardiogram (ECG).

Ophthalmologic eye exam with pupil dilation and retinal examination.

Neurological testing with a notation of any deterioration from baseline (first) assessment.

Any other medical testing required by the Commission.