CITY OF Lethbridge

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 lcscom18@gmail.com or sent to the promoter who will forward the form to the Commission. **Photographs of documents will not be accepted.**

C) Under-Aged Consent Form

1. If a combatant is under the age of eighteen at the time of the Event.

2. If you are an under-aged combatant, please have a parent or legal guardian read, sign and date the Consent for Under-Aged Combatants form.

3. This form should be returned with the waiver.

CITY OF Lethbridge
Combative Sports Commission

COMBATIVE MEDICAL HISTORY FORM: BOXING/MIXED MARTIAL ARTS

Legal Name:_____
Last First Middle

Preferred Name (if different than Legal Name) _____
Last First Middle

Telephone:_____ E-mail:_____ Date of Birth:_____

Sex: □ M □ F Emergency Contact/Phone#:_____ Event Date: **JUNE 17, 2023**

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

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

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

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

	Yes	No	
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 boxing/mixed martial arts or are related to an injury or suspected injury sustained as a result of a boxing/mixed martial arts match. I certify that I have been training faithfully and am in good physical condition. I attest that the answers given above are true and correct to the best of my knowledge and belief. I understand that the examining physician depends on the reliability of the statements I made above, and I am not withholding any information from the examining physician. I further understand that all statements and information supplied by me, if untrue and not informative, may lead to penalty and/or suspension.

_____ _____ _____
Name (printed) Signature Date

CITY OF Lethbridge
Combative Sports Commission

PHYSICIAN'S REGISTRATION EXAM: BOXING/MMA

Legal Name:_____
Last First Middle

Address:_____
Street City Prov Country

Date of Birth:_____ Sex: □ M □ F Event Date: **JUNE 17, 2023**

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

Height:_____ Weight:_____ Temp:_____ □ Afebrile RR:_____ BP:_____/_____ HR:_____

		Normal	Abnormal
General		□	□
HEENT	Head	□	□
	PERRLA/EOMI	□	□
	Periorbital Regions	□	□
	Ears/Hearing (grossly)	□	□
	Jaw/Oropharynx/Teeth	□	□
	Nose (stability, obstruction)	□	□
	Lymph Nodes	□	□
	Neck	□	□
Vision	Peripheral/Fields (grossly)	□	□
Heart	Rhythm/Sounds/Murmurs	□	□
Chest	Lungs	□	□
	Ribs	□	□

		Normal	Abnormal	Deferred
Abd.	(Hernias)	□	□	□
	(Masses/Tenderness)	□	□	
Ext.	Extremities	□	□	
	Hands/Wrists	□	□	
	Duck walk	□	□	
Skin	(Rashes/Lacerations)	□	□	
Neuro.	Alertness/Orientation	□	□	
	Cranial Nerves (grossly)	□	□	□
	Tandem Gait	□	□	
	Romberg/Pronator Drift	□	□	
	Finger to Nose	□	□	
	Reflexes			
	Other:_____			

Abnormals:_____

MEDICAL TESTING:	Negative/ Normal**	Positive	Not Reviewed	Not Required	Date of test/exam
Hepatitis B Surface Antigen	□	□	□	□	_____/_____/_____
Hepatitis C Antibody	□	□	□	□	_____/_____/_____
HIV Antibody or Quantitative RNA (circle)	□	□	□	□	_____/_____/_____
Over 40:CT Scan/MRI Brain (circle)	□	□	□	□	_____/_____/_____
EKG	□	□	□	□	_____/_____/_____
Ophthalmologic Examination (Uncorrected vision must be at least 20/60)	□	□	□	□	_____/_____/_____
Neurological Examination	□	□	□	□	_____/_____/_____
Women: HCG Urine/Serum (circle)	□	□	□	□	_____/_____/_____
Other:_____	□	□	□	□	_____/_____/_____

**A COPY OF LAB RESULTS ARE REQUIRED

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 boxing/mixed martial arts.

Reason not cleared for competition:_____

_____ _____ _____
Physician's Name, M.D. Signature Date

_____ _____ _____
Office Address Phone Email

CITY OF Lethbridge

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 Official or Participant, fully understand that this event has risks and hazards including risks associated with the **coronavirus and COVID-19.**

(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 an combatant/fighter in the event known as:

RUMBLE IN THE CAGE 65 - JUNE 17, 2023

(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 with 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 Combative: _____ Date: _____

Signature of Witness: _____ Date: _____

CITY OF Lethbridge
Combative Sports Commission

Consent for Under-Aged Combatants

As per Section 11 of the Lethbridge Combative Sports Commission Rules and Regulations, an under-aged Combatant is defined as any Combatant participating in an Event who is under the age of EIGHTEEN (18) years at the time of the Event. A letter stating that the Combatant is under-aged and is being given consent to participate in the Event must be signed by the Combatant's parent or legal guardian. The letter must be dated no more than THIRTY (30) calendar days prior to the Event and must be submitted to the Commission no later than FOURTEEN (14) calendar days prior to the Event.

Name of Event: RUMBLE IN THE CAGE 65

Date of Event: JUNE 17, 2023

Combatant's Full Legal Name: _____

Combatant's Date of Birth: _____

Combatant's Age on Event Date: _____

I, _____ (parent or legal guardian printed name), **acknowledge that I am the Parent or Legal Guardian for the above named under-aged Combatant and I give my consent for him/her to participate in the above named Event in the Combat Sports bout sanctioned by the Lethbridge Combative Sports Commission.**

_____

Signature of Parent / Legal Guardian

_____

Date