

## Martial Arts and Amateur Boxing Regulatory Body Approval Request Form

**Your application will not be processed or will be delayed unless you complete all sections of this application. If you require additional space, use a separate piece of paper and attach.**

Note: In seeking approval, the sanctioning organization shall submit all required information, and other information the sanctioning organization believes relevant, to the Office of Combative Sports. The Office of Combative Sports may request additional information necessary to determine an applicant's eligibility for approval or schedule interviews to clarify information submitted.

The Office of Combative Sports may withdraw its approval of a sanctioning organization if the sanctioning organization fails to enforce those representations made to the Office of Combative Sports in obtaining approval.

### Applicant information (write in ink or type) – Write legibly

The sanctioning organization is a (check all that apply):				
Corporation	Partnership	Limited Liability Corporation	Not-for-Profit	For-Profit
Organization Name:				
Organization street address or P.O. box:				
City:	State	ZIP Code	Country, if other than United States:	
Contact person:			Website:	
Main phone number (including area code):			Other phone (if any):	
Email address:			Fax Number (if any):	

#### Mail application to:

Minnesota Department of Labor and Industry  
Office of Combative Sports  
443 Lafayette Road N.  
St. Paul, MN 55155

#### Contact information:

Phone: (651) 666-9415  
Fax: (651) 539-0269  
Web: [www.dli.mn.gov/ocs](http://www.dli.mn.gov/ocs)  
Email: [combativesports.dli@state.mn.us](mailto:combativesports.dli@state.mn.us)

List the legal names and contact information of **all** owners, officers and directors of the business entity, including percentage of ownership. Attach an additional sheet if needed.

Name: _____  Phone or Email: _____  Title: _____  % Ownership: _____	Name: _____  Phone or Email: _____  Title: _____  % Ownership: _____
Name: _____  Phone or Email: _____  Title: _____  % Ownership: _____	Name: _____  Phone or Email: _____  Title: _____  % Ownership: _____

**Applicant background, experience, training**

How long has the sanctioning organization been involved in the sanctioning and supervision of amateur boxing and/or martial arts events? \_\_\_\_\_

List any other states, territories or countries where the organization has performed the role of sanctioning body for an amateur boxing and/or martial arts event:

As a condition of approval, the sanctioning organization must have written standards, procedures, or rules which govern the conduct of events, participants and members of the sanctioning organization. Please attach a copy of these written standards, procedures, or rules.

Attach a statement of the organization’s background, training and experience in sanctioning and supervising amateur boxing and/or martial arts events.

## Questionnaire

At minimum, does the sanctioning organization:

Have rules & procedures that provide for the medical safety and care of its participants, including a process to ensure safe and fair match ups between combatants? YES NO

Ensure all combatants competing in a match sanctioned and supervised by the sanctioning organization undergo a pre-event physical examination by a physician (MD or DO)? YES NO

Exclude the medically unfit from the event? YES NO

Ensure that combatants are not under suspension by any regulatory body when they compete? YES NO

Require, at minimum, the attendance of at least one physician\*\* at ringside? YES NO

\*\*any physician approved by a sanctioning organization for an event in Minnesota must be licensed to practice medicine in Minnesota.

Require that the physician not leave the premises until after the final bout has been conducted and all combatants competing have been cleared to leave by the physician(s) and the chief official or supervisor-in-charge of the sanctioning organization? YES NO

Have policies, protocols, and requirements with respect to the availability of appropriate emergency medical personnel, equipment, and ambulance transportation? YES NO

Require that all officials assigned are trained to perform such duties? YES NO

Limit the time and frequency of bouts? YES NO

Provide payment(s) for necessary emergency care for injuries sustained by combatants in competition in sanctioned events or require proof that combatants are medically insured? YES NO

Require prompt investigation and resolution of complaints for combatants, interested persons and/or the sanctioning organization itself? YES NO

Have rules that set an appropriate fee schedule for officials? YES NO

Have a system of review to ensure the sanctioning organization fairly applies its rules? YES NO

Have rules that require the identification of the sanctioning organization on all advertisements, programs and/or handbills issued, used or distributed for the event? YES NO

## Statements of agreement

If approved, the applicant for Office of Combative Sports approval as a sanctioning organization hereby agrees to the following:

Appropriately staff events with the following minimum personnel:

- one sanctioning organization official and other approved officials (including referees, judges, timekeeper(s), inspectors)

Provide evidence of a training and/or certification program for the sanctioning organization's officials.

Notify the Office of Combative Sports of other jurisdictions in which the organization supervises, or has supervised, amateur boxing or martial arts events, if any; including a list of any disciplinary actions brought against the organization by any other jurisdiction.

Written assurances that none of the amateur combatants will receive any type of purse or other form of compensation. This does not include reimbursement of travel, food, or lodging expenses incurred by the amateur combatant.

Notify the Department in writing (via email, facsimile or US mail) the date, time and location of both the weigh in and the event, the name of the promoter being supervised by the sanctioning organization, and the name of the supervisor/official in charge of the event, at least 14 days prior to the scheduled event.

All combatants participating in an event sanctioned and supervised by the sanctioning organization will undergo a pre-fight physical examination by a physician.

No match shall begin or continue unless the appropriate medical personnel and equipment are on the premises and in a readily accessible location known to the physician(s), referee(s) and supervisor/official of the sanctioning organization.

Any physician shall be licensed to practice medicine in the state of Minnesota.

A minimum of one physician shall be seated ringside during any active bout. In situations where more than one fighting area is assembled and utilized for simultaneous bouts, a minimum of one physician shall be seated between and adjacent to the fighting areas.

Physician(s) shall not leave the premises until after the final match has been conducted and all combatants participating have been cleared to leave by the physician(s) and the supervisor/official in charge of the sanctioning organization.

Medical equipment on site for the duration of the event which shall include but not be limited to:

- Portable resuscitator or Ambubag with supply of functioning oxygen equipment
- Hard cervical collar
- Endotracheal tubes with laryngoscope
- Portable defibrillator
- A clean stretcher and clean blanket (located in readily accessible location)

Ensure that each combatant has a:

- Comprehensive, annual physical examination dated no more than 1 year from the date of the event which states the combatant is physically fit to compete in a combative sports event
- Pre-fight physical conducted within 24 hours prior to the event by the event physician
- Post-fight physical conducted immediately after the conclusion of the combatant's bout by the event physician

Conduct a weigh in, and weigh in all combatants, within 24 hours of the start time of the event.

Conduct a pre-event rules meeting, which shall be attended by each combatant scheduled to compete in the event.

Disqualify the medically unfit (determined by the event physician) from the event.

Supervise the hand-wrapping and gloving for each combatant (where applicable).

Inspect the fighting area before the event begins and periodically during the course of the event.

Provide sanitation and cleaning products to be used between rounds (as necessary) and between each bout to clean the fighting area.

Report all bout results, including suspensions, and other requested documentation to the Office of Combative Sports within 72 hours of the conclusion of the event.

Self-report to the Office of Combative Sports of any violations of the sanctioning organization's rules during or arising out of an event in Minnesota.

Make available a representative(s) of the sanctioning organization to appear at reasonable times before the Office of Combative Sports to truthfully answer any lawful inquiry of the sanctioning organization.

Share any complaints received with the Office of Combative Sports upon request.

Be subject to immediate rescission of the Office of Combative Sports' approval to supervise amateur boxing or martial arts events in the state of Minnesota upon a determination that the organization was in non-compliance with these criteria and other criteria without limitation.

Enable an Office of Combative Sports representative to visit, attend, investigate and audit, as the Office of Combative Sports deems necessary, any event supervised by the sanctioning organization, and any activity related hereto without limitation.

Notify the Office of Combative Sports in writing of any changes, revisions or updates to the sanctioning organization's rules, policies and procedures.

**All third-party regulatory body approvals expire one calendar year from the date they were issued. A new application must be submitted each year.**

### **Acknowledgement**

I understand and accept that, according to Minnesota Statutes Sections 341.27, the Commissioner of the Minnesota Department of Labor and Industry may deny, revoke, suspend or limit this approval if I knowingly and willfully made a false statement or provided false documentation in this application. I declare that all statements and documentation provided with this application are true and correct.

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**Applicant's signature**

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**Date (month/day/year)**