**ACTIVE CANBERRA**

**ABN: 72 397 293 490**

**PERSONAL DETAILS:**

Name: …………………………………………………………………………………………………………………………………………….

Organisation and Position: ……………………………………………………………………………………………………………..

Address: ………………………………………………………………………………………………………………………………………….

Phone: Business: ……………………………………………... … Mobile: …………………………………………….......

Email: …………………………………………………………………

**PROPOSED CONTEST:**

Combat Sport Discipline: ......................................................

Name of Contest: ……………………………………………………………………………………………………………………………

Venue: ……………………………………………………………………………………………………………………………………………

Date: ………………………………………………………………….

Time of First Bout: …………………………………………….. Time of Last Bout: ………………………………..

**REQUIRED DOCUMENTATION AND FEES**

I enclose:

* Set of rules to be used to control the contest
* list of contestants specifying age, level and sex
* Written sanction for the contest from one of the relevant approved Amateur Bodies under the *Boxing Control Act 1993*, which is available on the ACT Legislation Register via [www.legislation.act.gov.au/a/1993-24/ni.aspACT](http://www.legislation.act.gov.au/a/1993-24/ni.aspACT)
* Evidence of Public Liability Insurance (minimum coverage of $10 million) for all persons attending or engaging/participating in the fight promotion and Professional Indemnity Insurance (minimum coverage of $5 million) to cover the promoter and matchmaker (if the promoter is as*signed this function).* If there is an employer/employee relationship established with the matchmaker and/or officials (timekeepers, *j*udges and referees) as defined under the *Workers’ Compensation Act 1951* (ACT) (<http://www.legislation.act.gov.au/a/1951-2/current/pdf/1951-2.pdf>)*,* a Workers’ Compensation Policy as well as coverage under the Professional Indemnity Insurance Policy is required. I have discussed this with my insurance provider and confirm (please tick the relevant box):

An employer/employee relationship exists and I have attached a copy of the Workers’

Compensation Policy and included the matchmaker and/or officials on the Professional

Indemnity Insurance Policy; or

An employer/employee relationship does not exist

* Cheque, money order or cash to cover the prescribed fee of $34.20 (including GST) payable to:

**ACT ECONOMIC DEVELOPMENT**

**PO Box 147 Civic Square ACT 2608**

Signed: ……………………………………………………………

Date: ………………………………………………………………

**IMPORTANT NOTES**

**IT IS AN OFFENCE UNDER THE *BOXING CONTROL ACT 1993* TO PROMOTE OR ARRANGE A CONTEST UNLESS APPROVAL HAS BEEN ATTAINED. THE ACT ALSO PROVIDES THAT ALL CONTESTS MUST BE CONDUCTED ACCORDING TO THE ATTACHED "CODE OF PRACTICE FOR THE CONDUCT OF BOXING CONTESTS IN THE AUSTRALIAN CAPITAL TERRITORY".**

If this application is approved it is the responsibility of the promoter to advise Active Canberra (AC) of the times and venues of weigh-ins. An officer of AC must be invited to attend all weigh‑ins.

Any approval given as a result of this application is given on the basis of the information provided in the application, and it is the obligation of the applicant to notify AC of any changes to that information.

Any approval to conduct amateur fistboxing contests is conditional upon all participants, boxers and officials being members of Boxing Australia or of an affiliated body.

Combat sport contests may only be approved where they have been sanctioned in writing by the International Sport Karate and Kickboxing Association, World Kickboxing Association, the International World Kickboxing Federation, Martial Arts Sports Association or Muay Thai Australia.

Information on this form is personal information and will be stored, used and disclosed in accordance with the requirements of the *Information Privacy Act 2014* and the *Freedom of Information Act 1989*. The ACT Government is not liable for any damages, injuries or personal misfortune resulting from publication or use of the above identified information.

FOR OFFICE USE ONLY

Application Number: ………………………………………… Application fee received: ..........................

Sanction Letter Cleared: ...................................... Receipt No: ……………………………..

Officer: ……………………………………………………………..

**RECOMMENDED / NOT RECOMMENDED**

Signature: ………………………………………………

Date: …………………………………

**ACTIVE CANBERRA:**

**PO Box 147, CIVIC SQUARE |ACT| 2601**

**Phone: (02) 6207 2073**