



CSC Prestige Athlete Application

Name: _____ (first) _____ (last)

Address: _____
Street

City Province Postal Code

CSC Member Club: _____ Coach: _____

Email: _____ @ _____ . _____ Phone: (____) _____ - _____

Age: _____ DOB: _____ / _____ / _____

Competition Weight _____ kg Combined Record: _____ (Win) _____ (Loss) _____ (Draws)

List your three last Bouts:

_____	_____	_____	_____
Date	Sanctioning Authority	Location	Result
_____	_____	_____	_____
Date	Sanctioning Authority	Location	Result
_____	_____	_____	_____
Date	Sanctioning Authority	Location	Result

List any suspensions in the last 24 months:

Date: _____ Authority: _____

Clearance Accepted: (Y/N) _____ If No – Reason: _____

I hereby attest that the information contained above is correct. I understand that Canadian Athletes competing in the Prestige league are required to be a member of CSC/CASK and have completed the CSC annual medical. Failure to provide accurate information will result in a disqualification of the application and a disciplinary action by the CSC Board.

Athlete Name/Signature

Club Owner Name/Signature

Date

BUREAU NATIONAL / NATIONAL OFFICE

5008 South Service Road, Burlington, Ontario, CANADA, L7L 5Y7
Phone: 905-681-9815 - Fax: 905-681-1638 - Email: nhq@kickboxingcanada.org