

Is the amateur sanctioning body incorporated or otherwise legally recognized under the laws of its domicile? (Attach supporting documentation from the applicable state/territory i.e. certificate of corporate standing.)

YES NO State: _____

If not domiciled in Illinois, is the amateur sanctioning body authorized to conduct business in Illinois?

YES NO

SECTION 2. STATEMENT OF BACKGROUND, EXPERIENCE, TRAINING

How long has the amateur sanctioning body been involved in the sanctioning and supervision of amateur martial arts and/or mixed martial arts events? _____

Have you had prior experience overseeing amateur martial arts and/or mixed martial arts events in Illinois? YES NO

If YES, list the dates and locations of the last 5 events? _____

List any other states, territories or countries where the organization has performed the role of amateur sanctioning body for an amateur martial arts and/or mixed martial arts event or state NONE

YES NO NONE

States, Territories or Countries: _____

Does the amateur sanctioning body have written rules, policies or procedures which govern the conduct of events, participants and members of the amateur sanctioning body? (If YES, a copy of the rules, policies or procedures must be attached.)

YES NO

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

SECTION 3. QUESTIONNAIRE

At minimum, does the sanctioning body:

Limit participation in its events to Illinois registered contestants? YES NO

Sanction events independent of the promoters of the contest? YES NO

Exclusively or primarily dedicate itself to advancing martial arts or mixed martial arts? YES NO

Have a record of enforcing its own rules governing a contest? YES NO

Have a record of safety for the events it sanctions? YES NO

Maintain a historical record of whether or not it enforces and abides the rules governing a contest? YES NO

Have rules for a contest that provide substantially similar protections for the health, safety, and welfare of the contestants and spectators as the Illinois Boxing and Full Contact Martial Arts Act and its Rules? YES NO

Provide for the exclusion of professional contestants from its sanctioned events? YES NO

SECTION 3. QUESTIONNAIRE CONTINUED

- Have rules & procedures that provide for the medical safety and care of its participants? YES NO
- Ensure all amateur contestants fighting in a match sanctioned and supervised by the amateur 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
- Require, at minimum, the attendance of at least one physician** at ringside? YES NO
- **any physician approved by an amateur sanctioning organization for an event in Illinois must be licensed under the Medical Practice Act of 1987 [225 ILCS 60](MPA) to practice medicine in all of its branches.
- Require that the physician not leave the premises until after the final bout has been conducted and all amateurs competing have been cleared to leave by the physician(s) and the chief official or supervisor-in-charge of the amateur sanctioning body? YES NO
- Require the presence of 2 emergency medical technicians (emt)* on site, at all times, at each bout with a stretcher, supply of oxygen and proper resuscitation equipment? *one of whom must be an EMT paramedic YES NO
- Require at least one ambulance to be on-site, at all times, at each contest? YES NO
- Require that all officials assigned to perform official duties during a bout be trained and certified to perform such duties? YES NO
- Restrict the types of blows that can be delivered? YES NO
- Limit the time and frequency of bouts? YES NO
- Provide payment(s) for necessary emergency care for injuries sustained by contestants in competition in sanctioned events or require proof that competitors are medically insured? YES NO
- Require prompt investigation and resolution of complaints for contestants, interested persons and/or the amateur sanctioning body itself? YES NO
- Have rules that set an appropriate fee schedule for ring officials? YES NO
- Have a system of review to ensure the amateur sanctioning body fairly applies its rules? YES NO
- Have rules that require the identification of the amateur sanctioning body on all advertisements, programs and/or handbills issued, used or distributed for the event? YES NO
- Have a policy of cooperation with the Department, which at the least includes or provides for:
- at minimum, 20 days' advance notification to the Department of sanctioned events occurring in Illinois? YES NO
 - admission of Department staff or officials without charge to any amateur sanctioned event and any portion of the venue? YES NO
 - self-reporting to the Department of any violations of the amateur sanctioning organization's rules during or arising out of an event in Illinois? YES NO
 - a policy requiring representative(s) of the amateur sanctioning body to appear at reasonable times before the Department to truthfully answer any lawful inquiry of the amateur sanctioning body? YES NO
 - sharing the disposition of complaints with the Department upon request? YES NO
 - notifying the Department in writing of any changes, revisions or updates to the amateur sanctioning body's rules, policies and procedures? YES NO

SECTION 4. – STATEMENTS OF AGREEMENT

If approved, the applicant for state of Illinois approval as an amateur sanctioning body hereby agrees, in conjunction with the Illinois Boxing and Full Contact Martial Arts Act (Act) and the rules promulgated under the Act, to the following:

Appropriately staff amateur full contact martial arts events with the following minimum personnel:

-two sanctioning body officials and other approved officials (including referees, judges, timekeeper(s), inspectors)

Have no direct or indirect financial interest in: a) an amateur contestant and/or b) the promotion of an amateur contestant.

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

Notify the Department of other jurisdictions in which the organization supervises, or has supervised, amateur full contact martial arts events, if any; including a list of any disciplinary actions brought against the organization by any other jurisdiction; and

Written assurances that: a) all amateur full contact martial arts contests will be conducted in strict accordance with all State of Illinois Rules and Regulations regarding amateur full contact martial arts, b) none of the amateur contestants will receive any type of purse or other form of compensation, and c) there will be no exhibition bouts.

Notify the Department in writing (via email, facsimile or US mail) the date, time and location of both the weigh in and the event and the name of the promoter being supervised by the sanctioning organization at least 20 days prior to the scheduled event; and

All requisite paperwork such as registration forms and required medical documentation are submitted to the Department no more than 48 hours after the conclusion of the event; and

All amateurs participating in a match sanctioned and supervised by the amateur sanctioning organization will undergo a pre-fight physical examination by a physician; and

An ambulance with a minimum of two emergency medical technicians (emt's) (one of whom must be a paramedic), will be on the premises for the duration of the event; and

No match shall begin or continue unless the appropriate medical personnel and equipment are on the premises, a state of readiness, and in a pre-designated and readily accessible location known to the physician(s), referee(s) and chief supervisor/official of the sanctioning body; and

Any physician shall be licensed under the MPA of Illinois and shall be capable of initiating life saving procedures and required to demonstrate experience in sports medicine, trauma, neurology, or as a ringside physician; and

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; and

In the event of injury or illness of any contestant registered with the state of Illinois and/or the sanctioning organization, a physician shall have complete charge of such person, shall provide medical assistance, and shall be accorded the full cooperation of the sanctioning organization's officials present; and

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

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

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

Ensure that each amateur contestant has a:

Comprehensive, annual physical examination dated no more than 1 year from the date of the event which states the contestant is physically fit to compete in a boxing or full contact martial arts event; and

Pre fight physical conducted within 24 hours prior to the event by the event physician; and

Post fight physical conducted immediately after the conclusion of the contestant's bout by the event physician; and

Conduct a weigh in, and weigh in all amateur contestants, within twenty four hours of the start time of the contest stated on the permit; and

Conduct a pre-contest rules meeting, which shall be attended by each amateur contestant scheduled to compete in the contest and disqualify any contestant that does not attend; and

Disqualify the medically unfit (determined by the event physician) from the contest; and

Supervise the hand-wrapping and gloving for each amateur contestant; and

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

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

Report all bout results, including suspensions, and provide all required registration and other requested documentation to the Department within 48 hours of the conclusion of the contest; and

Satisfy all indebtedness resulting from the supervision of an amateur event in a timely manner; and

Be subject to immediate rescission of the Department of Professional Regulation's approval to supervisor amateur full contact martial arts events in the state of Illinois upon a determination that the organization was in non-compliance or flagrant violation with these criteria and other criteria without limitation; and

Enable a Department representative to visit, attend, investigate and audit, as the Department deems necessary, any amateur full contact martial arts event supervised by the amateur sanctioning organization, and any activity related hereto without limitation.

If approved, the sanctioning organization will not sanction events where:

Financial ties exist between the promoter and the sanctioning organization. For example, where anyone serves as an officer, principal or manager in both the sanctioning organization and the promotion company, or where such persons have an ownership interest in both the sanctioning organization and the promotion company; and

Any ring official, employee or agent works for both the promoter and the sanctioning organization; and

The sanctioning organization or any of its officers, principals, managers, owners or employees manage or train any of the contestants competing in the sanctioned event.

SECTION 5. AFFIDAVIT

I, _____, _____, of the above named
(NAME) (TITLE/POSITION)

amateur sanctioning body being first duly sworn upon my oath, state as follows:

I am an officer or other person legally authorized to make and sign this application and/or on the applicant's behalf;

That I have reviewed and verified the answers to each of the section of this statement and hereby submit this statement for consideration to the Department;

That the information and answers contained in the foregoing statement and any attachments thereto are true and correct to the best of my knowledge and belief;

That I have made this affidavit knowingly, and understand that if the Department determines that I have knowingly made or inferred any false statements, this statement for approval will be disapproved or if issues, the approval will be revoked. Further, the Department may prosecute me and the amateur sanctioning body to the full extent of the law;

I understand that if approved, this approval is subject to periodic compliance checks to ensure enforcement of approved health and safety standards and supervision of contests by the approved amateur sanctioning body. In addition, the amateur sanctioning body shall be subject to the Department's review of its approval at least biannually, or sooner if determined necessary based upon periodic compliance checks or complaints to the Department to determine continuation of approval;

The applicant hereby authorized and directs any person or entity to release to the Department or its authorized representative, any information or documents the Department requests that may bear on the applicant's eligibility or continuing eligibility to obtain or retain Department approval as an amateur sanctioning body; and

The applicant hereby authorizes and directs the Department to release to any other regulatory entity in any jurisdiction any information requested by such entity about the applicant or the undersigned, which information or documents may otherwise be protected or confidential, and which information may bear on the applicant's or undersigned's eligibility or continuing eligibility for any license, registration, approval or authority issued by the jurisdiction to or on behalf of the applicant or the undersigned.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Signature

Date

Print Name

USE RUBBER STAMP IN CLEAR AREA BELOW

STATE

COUNTY

SUBSCRIBED AND SWORN TO BEFORE ME, THIS
DAY OF YEAR

NOTARY PUBLIC SIGNATURE

NOTARY PUBLIC NAME (TYPED OR PRINTED)