

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation • State of Illinois Athletic Commission

555 W. Monroe St., Suite 800S • Chicago, Illinois 60661 312/814-2721 • 217/557-8480 FAX • EMAIL – fpr.isac@illinois.gov

AMATEUR SANCTIONING BODY APPROVAL APPLICATION

INSTRUCTIONS					
Type or print legibly in black ink only. All questions must be answered. If you require additional space use a separate piece of paper and attach	In seeking approval the sanction and other information the sanct Department. The Department an appearance before the Board discrepancies.	tioning body believes relevant, may request additional informa	to the ation, including		
Submit statement and accompanying documents to the:	-				
Illinois Department of Financial and Professional Regulation Athletic Unit 555 W. Monroe St., Suite 800S Chicago, Illinois 60661	The Department may withdraw sanctioning body fails to enforce Department in obtaining approximation.	e those representations made to			
	Incomplete forms and lack of sureview of your request.	apporting documentation will d	elay the		
*Please note: if you are applying to the Department to review a presections for which the organization's answer has changed since the documentation and/or information. If there has been no change to on the last page of this application and have the affidavit notarized \$250. Amateur sanctioning body approval expires on September 30th of expires application review fee is \$250 payable by check or money order.	organization last applied and by the organization's responses, pleat. Return the application to the E very odd numbered year.	providing the corresponding us ase initial here, sig Department with the application	pdated In the affidavit In review fee of		
SECTION 1. BUSINESS INFORMATION					
Date:					
The amateur sanctioning body seeking approval is a (check $\underline{\mathbf{all}}$ that	t apply):				
\square Corporation \square Partnership \square Limited I	orporation \square Partnership \square Limited Liability Corporation \square Not-for-Profit \square Profit		\square Profit		
Applicant's Name:					
Applicant's Address:					
(Street)	(City)	(State)	(Zip Code)		
Telephone Number:	Fax Number:				
Website Address:	Email Address:				
If CORPORATION, PARTNERSHIP, OR LLC was checked above, or member of the LLC:	provide the name of each officer o	of the corporation, partner of th	e partnership		
State in which Incorporated:	Date of Incorporation:				
Name of Resident Agent:	Telephone Number:				
Address of Resident Agent:					
(Street)	(City)	(State)	(Zip Code)		
Is the amateur sanctioning body incorporated or otherwise legally	recognized under the laws of its d	lomicile? (Attach supporting do	ocumentation		

from the applicable state/territor	ry i.e. certificate of corporat	te standing.)		
□ YES □ NO	State:			
If not domiciled in Illinois, is the	e amateur sanctioning body	authorized to conduct business in Illinois?		
\square YES \square NO				
SECTION 2. STATEMENT O	OF BACKGROUND, EXP	ERIENCE, TRAINING		
How long has the amateur sanct of amateur martial arts and/or n		in the sanctioning and supervision	_	
Have you had prior experience o If YES, list the dates and locatio	_	arts and/or mixed martial arts events in Illinois? \Box YES \Box	l NO	
	-			
	-			
List any other states, territories arts and/or mixed martial arts e \Box YES \Box NO		anization has performed the role of amateur sanctioning body for	an amateur martial	
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. QUESTIONNA	IDE			
SECTION 3. QUESTIONNA	IKE			
At minimum, does the sanction	oning body:			
Limit participation in its events	to Illinois registered contes	stants and/or licensees?	\square YES \square NO	
Sanction events independent of the promoters of the contest?		□ YES □ NO		
Exclusively or primarily dedicate itself to advancing amateur contested contests only?		□ YES □ NO		
Have a record of enforcing its ow	on rules governing a contest	t?	□ YES □ NO	
Have a record of safety for the ev	vents it sanctions?		\square YES \square NO	
Maintain a historical record of w	hether or not it enforces ar	nd abides the rules governing a contest?	\square YES \square NO	
Have rules for a contest that pro	ovide substantially similar _l	protections for the health, safety, and welfare of the		
contestants and spectators as th	e Illinois Boxing and Full (Contact Martial Arts Act and its Rules?	\square YES \square NO	
Provide for the exclusion of profe	essional contestants from it	ts sanctioned events?	□ YES □ NO	
SECTION 3. QUESTIONNAIRE CONTINUED				
Have rules & procedures that pr	rovide for the medical safety	v and care of its participants?	\square YES \square 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)?		\square NO
Exclude the medically unfit from the event?		\square NO
Require, at minimum, the attendance of at least one physician** at ringside? **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.	☐ YES	□ NO
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
$Require \ the \ presence \ of \ 2 \ emergency \ medical \ technicians \ (emt) \ ^* \ on \ site, \ at \ all \ times, \ at \ each \ bout \ with \ a \ stretcher, \ supply \ of \ oxydensity \ oxydensity$		
proper resuscitation equipment? *one of whom must be an EMT paramedic	\square YES	□ NO
Require at least one ambulance to be on-site, at all times, at each contest?	\square YES	□ NO
Require that all officials assigned to perform official duties during a bout be trained and/or certified to perform such duties?	\square YES	□ NO
Restrict the types of blows that can be delivered?	\square YES	□ NO
Limit the time and frequency of bouts?	\square 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?	\square YES	□ NO
Require prompt investigation and resolution of complaints for contestants, interested persons and/or the amateur sanctioning body itself?	□ YES	□ NO
	□ YES	
Have rules that set an appropriate fee schedule for ring officials?		□ 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?		□ 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?	\square 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		Пио
Department to truthfully answer any lawful inquiry of the amateur sanctioning body?	☐ YES	⊔ NO
-sharing the disposition of complaints with the Department upon request?	\square YES	□ NO
-notifying the Department in writing of any changes, revisions or updates to the amateur sanctioning body's rules, policies and/or 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 of indirect financial interest in: a) an amateur contestant and/or b) the promotion of an amateur contestant.

If requested, 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 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 contests will be conducted in strict accordance with all State of Illinois Rules and Regulations regarding amateur contests, 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-fite 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 predesignated 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 may be 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 6 months from the date of the event which states the contestant is physically fit to compete; 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 contests 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 contest 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. AFFADAVIT			
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				
	NOWADY BUDI IC NAME (BYDED OD DD	ANTARA)			
	NOTARY PUBLIC NAME (TYPED OR PR	IN 1 ED)			