



Lethbridge Combative Sports Commission

Registration of Officials

All Officials working combative sporting Events in Lethbridge must be registered by the Lethbridge Combative Sports Commission. This includes Referees, Judges, Time Keepers, Score Keepers, Volunteers and anyone else deemed to be an Official by the Lethbridge Combative Sports Commission during any given Event.

The Lethbridge Combative Sports Commission will keep and maintain a list of approved Officials.

Process for Registration:

1. Officials must complete the application form.
2. Officials must complete the City of Lethbridge/Commission waiver.
3. Officials must comply with the City of Lethbridge Bylaw 5412, the Lethbridge Combative Sports Commission's Rules and Regulations and the Officials Code of Ethics and Conduct.
4. The issuance of a registration does not guarantee that individual will be automatically selected to officiate any Event. Selection of officials for Events remain within the jurisdiction of the Lethbridge Combative Sports Commission.
5. If a registration application is refused, the Lethbridge Combative Sports Commission will advise the applicant in writing of its decision.
6. Registrations for Officials are valid until the end of the calendar year. Each Official must apply annually for a registration.
7. There is no fee associated with obtaining a registration for Officials.



Lethbridge Combative Sports Commission

Officials Registration Application

This Registration application is for: _____
(year)

Referee Scorekeeper Judge Timekeeper Volunteer

Name (Last, First, Middle)			
Address			
City	Province	Postal Code	Date of Birth
Phone Number		E-mail	

Please include a letter of explanation for any “Yes” answer to the following questions. Include details such as the charge, civil judgment or order, date of conviction, province and disposition of charges.

1. Have you ever been convicted of a criminal offence in Canada within the past five (5) years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is there a criminal complaint pending against you or are you currently under any investigation in Alberta or any other province?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Has any professional or occupation license, permit, or certification you have held been suspended, refused, denied, fined, or revoked in Alberta or any other province?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. In the past five (5) years have you ever had a civil court order, judgment, or verdict entered against you in any court in Alberta or any other province?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Official Capacity	Event Type	Date Training Completed	Name of Instructor
<i>Referee</i>	Pro/Am Boxing		
	Pro/Am MMA		
<i>Judge</i>	Pro/Am Boxing		
	Pro/Am MMA		
<i>Timekeeper</i>	Pro/Am Boxing		
	Pro/Am MMA		
<i>Scorekeeper</i>	Pro/Am Boxing		
	Pro/Am MMA		

Describe in detail your aptitude as an official including your skills, experience, and ability to perform these duties: (attach additional page if required)

I certify all information provided above and attached is true and correct. I understand providing false information may be cause for denial of your registration.

Applicant Name: (print) _____

Applicant Signature: _____

Date: _____

****Office Use Only****

I have reviewed this application, including the experience and skill of:

(name of applicant)

This individual has adequate training, education, experience, and skill to be registered by the Lethbridge Combative Sports Commission and perform in the following official capacity for professional and/or amateur combative sporting events.

Commission Representative: (print) _____

Signature of Representative: _____

Date: _____

LCSC Representative Comments:

Registration Number Issued: _____



Lethbridge Combative Sports Commission

Hold Harmless Liability and Personal Injury Waiver

Official's Name: _____

Address: _____

Phone Number: _____ Email: _____

(Initial)____ - **RELEASE.** I hereby acknowledge and agree to hold harmless, not to hold liable, and not to bring any demand or commence any claim whatsoever, legal or equitable, including any claim for negligence, against the City of Lethbridge and/or the Lethbridge Combative Sports Commission or any of their respective agents, promoters, servants, employees, staff, volunteers, officials, referees, Emergency, Security & Police Personnel, Physicians and any other Medical Personnel, other combatants or participants, managers, trainers, Facility and Property owners where the said event is taking place, ("Releasees") for any injury or death, expense, loss of income or damage/destruction of property, suffered or incurred as a result of my Participation in any activity or bout organized by the above noted Releasees regardless of whether such injury and/or loss is known, unknown, or due to any cause whatsoever, including or resulting from the acts, conduct, negligence, or omissions of the Releasees. I understand that negligence includes the failure on the part of the Releasees to take reasonable steps to safeguard or protect me from the risks, dangers and hazards associated with combative sports.

(Initial)____ - **ASSUMPTION OF RISK.** I, as the Official or Participant, **fully understand that full contact combative sports are activities that inherently carry a very real and substantial risk of severe injury or death to me.** I fully understand the dangerous nature of the sport and freely and fully consent to participate as an Official with the:

Lethbridge Combative Sports Commission

(Initial)____ - **INDEMNIFICATION.** I shall indemnify, defend, pay on behalf of and hold harmless, the Releasees, from and against all loss, claims, demands, costs (including solicitor/client costs), damages, actions, suits or proceedings arising out of, or in connection with, the activities or performance of this event by myself, my agents, representatives, employees or next of kin.

I have read and fully understand this waiver and I have had the time and the freedom to seek legal counsel or advice prior to signing this waiver. I am signing this waiver of my own free will without any duress or undue pressure. I acknowledge that I am in the proper physical and mental health to participate with the above organization.

It is also my intent to have this waiver extend to my estate and to bind my heirs, executors, administrators, representatives and assigns.

Signature of Official: _____ Date: _____

Signature of Witness: _____ Date: _____