

KBWC
500 Mero St, 218NC
Frankfort, Ky 40601



Phone: (502) 564-0085
Fax: (502) 696-3938
Email: kbwc@ky.gov

WRESTLER APPLICATION

Instructions: Please complete all pages of this application. Applications shall be printed legibly and in ink. Incomplete applications are subject to rejection and will cause delay in issuance of a license.

Applications for licensure as a wrestler is required annually. Licenses are valid from January 1 to December 31 of each year. The annual fee for each license is \$40 plus a \$10 processing fee for all paper applications. Make payment in the form of a check or money order, made payable to the *Kentucky State Treasurer*.

Physical Requirements: Please note that all first-time applicants and all applicants 45 or older must also submit a completed KBWC Physical Report Form no older than 90 days along with their application. **THIS FORM MUST BE SIGNED BY A MD OR DO.** If the KBWC Physical Report is not included with the application or is not signed by a MD or DO, the application will be considered incomplete and will delay processing.

I am applying for licensure as a (check all that apply):

Wrestler

Do you currently hold a license in the sport chosen above? YES NO

If YES, what is the license number? _____

Have you ever held a combat sport license of any type in Kentucky? YES NO

What promotion will you be working or training under:

Please list any other states you are licensed as a wrestler: _____

First Name: _____

Middle Name: _____

Last Name: _____

Age: _____

Date of birth: _____

Address: _____

City: _____

State: _____

Cell phone number: _____

Email: _____

Last four of social security #: _____

Height: _____

Weight: _____

Eye Color: _____

Hair Color: _____

Ring Name: _____

Have you ever wrestled under any other names not already on this form? YES NO

Please list any other names you have wrestled under: _____

Emergency Contact: _____ Relation: _____ Phone: _____

Have you ever plead guilty to a crime other than a traffic violation? YES NO

If yes, please provide details:

Felony Misdemeanor Date: _____

Offense: _____

Court: _____

Disposition: _____

Health & Safety Disclosure

As a contestant, you should be aware wrestling includes many health and safety risks, particularly the risk of brain and/or neck injury. The Kentucky Boxing and Wrestling Commission strongly recommends that you undergo periodic medical procedures and examinations designed to detect brain injury. By signing this form, I acknowledge the health and safety risks associated with wrestling.

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I certify under penalty of perjury that the information submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties. I acknowledge and agree that I understand and will comply with all laws governing boxing, kickboxing, wrestling, mixed martial arts, and elimination events in Kentucky, including those laws found in KRS Chapter 229 and 201 KAR Chapter 27.

Signature of Applicant: _____ Date: _____

Please mail or hand deliver the completed application along with a copy of a government-issued photo ID, physical form (if required), and payment to the Commission.

Kentucky Boxing and Wrestling Commission
500 Mero St, 2NC18
Frankfort, Ky 40601