



# Combative Sports Participant Training Record

Combative sports participants can use this form to provide information when requested. We may approve a boxing/martial arts contest based on a participant's records, experience, skill, and condition.

Scan and email this completed form to: [dolcombativesports@dol.wa.gov](mailto:dolcombativesports@dol.wa.gov)

Or mail to: **Combative Sports Program**  
**Department of Licensing**  
**PO Box 9026**  
**Olympia WA 98507**

For questions or language help call: (360) 664-6644

## Participant

Name of participant		Date of birth (mm/dd/yyyy)
10-digit cell phone number	Type of license applying for	
Weight two weeks ago		Weight today
Amateur boxing record		Amateur martial arts record
Professional boxing record		Professional martial arts record
Name of gym where you train		
Experience and skill level How long have you been training in boxing and martial arts and at what level of competition have you been competing? ( <i>Background in boxing, muay thai, wrestling, kickboxing, or other martial arts.</i> )		
Condition How many hours do you work out per week and in what activities? ( <i>List your weekly training schedule.</i> )		
Day of Week	List of Activities (bag work, running, sparring, etc.)	Number of hours
Mondays		
Tuesdays		
Wednesdays		
Thursdays		
Fridays		
Saturdays		
Sundays		

## Trainer/Manager

Name of trainer/manager	10-digit phone number
Declaration <i>I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.</i>	
_____ <b>PRINT or TYPE name of TRAINER or MANAGER</b>	
_____	_____
Date and place signed	Signature of TRAINER or MANAGER