

South Dakota Athletic Commission

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Email: SDAC@midwestsolutionssd.com dlr.sd.gov/bdcomm/athletic

REGISTRATION APPLICATION - SECONDS

Instructions:

- 1) Open this form in an Adobe reader to complete, print, sign, and mail. Changes made in your internet browser will not save. You can also print the form, fill out legibly and mail.
- 2) A completed Application and appropriate fee must be submitted.
- 3) A Completed Release and Waiver of Liability, Assumption of the Risk and Indemnity Agreement and Consent to Medical Treatment by the Applicant must be submitted with the Application.

Competition Type(s):			
Boxing Competition	Kickboxing Competition	Mixed Martial Arts Competition	
Name			Date of Birth
Street Address or PO Box			Email Address
City	State	Zip Code	Phone
Licenses and Registrations in Other Jurisdictions			
Other States or Jurisdictions where licensed or registered to perform similar duties:			
Have you been disciplined, fined or had a license/ registration revoked, suspended or disciplined by any athletic commission or similar entity or been denied a license or registration for any reason by any athletic commission or similar entity? <i>(If yes, please provide an explanation.)</i>			
Yes	No		

BY MY SIGNATURE BELOW, I VERIFY, UNDER PENALTY OF PERJURY, THAT I AM THE PERSON COMPLETING THIS APPLICATION AND THAT ALL INFORMATION SUBMITTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT FALSE OR INCORRECT INFORMATION, OMISSIONS, INACCURACIES OR FAILURES TO MAKE FULL DISCLOSURE MAY RESULT IN THE CANCELLATION OR DENIAL OF A REGISTRATION ISSUED PURSUANT TO THIS APPLICATION AND MAY BE SUBJECT TO CIVIL AND CRIMINAL PROCEEDINGS. FURTHERMORE, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THAT I AM RESPONSIBLE FOR COMPLIANCE WITH SDCL CHAPTER 42-12 AND ARSD ARTICLE 20:81 IN THE ROLE(S) I AM SEEKING REGISTRATION FOR AND AM AWARE OF ALL SAID RESPONSIBILITIES AND REQUIREMENTS AND AGREE TO ABIDE BY ALL SAID RESPONSIBILITIES AND REQUIREMENTS. I FURTHER AGREE TO HOLD THE SOUTH DAKOTA ATHLETIC COMMISSION HARMLESS FOR ANY INJURY OR DEATH THAT MAY OCCUR AS A RESULT OF PARTICIPATING IN ANY COMPETITION.

Signature of Applicant

Date

FOR COMMISSION USE ONLY

Preliminary Action on Request

Fee Received _____	Check _____	Cash _____	Date _____
Waiver Received _____			Date _____
Approval of Application _____			Date _____
Denial of Application _____			Date _____

