

Meeting Notice
SOUTH DAKOTA ATHLETIC COMMISSION
Via Teleconference
October 25, 2019 12:00 p.m. CST

Proposed Agenda

- A. Call to Order
- B. Approval of the Agenda
- C. Open Forum: 5 minutes for the public to address the Commission
- D. Approval of Meeting Minutes of April 26, 2019
- E. Financial Report as of September 30, 2019
- F. Old Business
 - 1) Contestant Medical Forms
 - 2) Box Event 2019-02 Update
- G. New Business
 - 1) Request for Boxing Event – Team Certified Sports (Sturgis - August 8, 2020)
- H. Other Business
 - 1) Election of Officers
- I. Announcements
- J. Next Meeting: January 31, 2020 (Teleconference)
- K. Adjourn

Meeting Minutes
SOUTH DAKOTA ATHLETIC COMMISSION

Best Western Plus Ramkota Hotel
3200 W. Maple Street, Sioux Falls, SD
April 26, 2019 12:00 p.m. CDT

Chairman Kilmer called the meeting to order at 12:08 pm. Stalley called the roll. A quorum was present.

Members Present: Mike Kilmer, Lee Lohff, Margaret Gillespie, and Verle Valentine

Members Absent: Richard Little

Others Present: Jennifer Stalley, executive secretary, and Amber Mulder, Department of Labor Legal Counsel

Gillespie made a motion to approve the agenda. Valentine seconded the motion. **MOTION PASSED.**

Kilmer asked for any public comments. There were none.

Gillespie made a motion to approve the February 19, 2019 meeting minutes. Lohff seconded the motion. **MOTION PASSED.**

Gillespie made a motion to approve the March 31, 2019 financial statement. Valentine seconded the motion. **MOTION PASSED.**

Stalley provided the Commission with an update on MMA Event 2019-001. The promoter requested consideration of using instant replay for future events. The Commission deferred action on the request to a future meeting.

Stalley provided the Commission with an update on BOX Event 2019-02. The promoter requested permission to cancel the event due to unforeseen circumstances. Gillespie made a motion to approve cancellation of the event upon proof the promoter has reimbursed the ringside physician for incurred costs and there are no third party requests for reimbursement of purchased tickets within 90 days of the event, at which time the promoter may be reimbursed up to \$500 of the initial event fee paid to the Commission. Lohff seconded the motion. **MOTION PASSED.** Kilmer abstained.

Stalley provided the Commission with an update on MMA Event 2019-03.

Valentine provided the Commission with an update on possible revisions to the pre/post fight medical forms. The Commission deferred action on specific changes to a future meeting.

Stalley provided the Commission with additional information on scorecard systems and judge requirements used in other jurisdictions.

Gillespie made a motion to renew the contract with Midwest Solutions for executive services for the Commission under the terms of the current contract plus a 2.5% increase in the monthly fee. Lohff seconded the motion. **MOTION PASSED.**

Kilmer noted the Commission will meet next on August 16, 2019 at 12:00 pm in Sioux Falls.

Gillespie made a motion to adjourn. Valentine seconded the motion. **MOTION PASSED.**

The meeting adjourned at 1:34 pm

Respectfully Submitted,

Lee Lohff, Vice Chair

Draft

AGENCY: 10 LABOR & REGULATION
BUDGET UNIT: 1039 SOUTH DAKOTA ATHLETIC COMMISSION

COMPANY	CENTER	ACCOUNT	BALANCE	DR/CR	CENTER DESCRIPTION
6503	1039000887	1140000	148,392.75	DR	BOXING COMMISSION FUND
COMPANY/SOURCE TOTAL			148,392.75	DR *	
COMP/BUDG UNIT TOTAL			148,392.75	DR **	
BUDGET UNIT TOTAL			148,392.75	DR ***	

STATE OF SOUTH DAKOTA
REVENUE SUMMARY BY BUDGET UNIT
FOR PERIOD ENDING: 09/30/2019

AGENCY 10 LABOR & REGULATION
BUDGET UNIT 1039 SOUTH DAKOTA ATHLETIC COMMISSION

CENTER	COMP	ACCOUNT	DESCRIPTION	CURRENT MONTH	YEAR-TO-DATE
COMPANY NO 6503					
COMPANY NAME PROFESSIONAL & LICENSING BOARDS					
1039000887	6503	4920045	NONOPERATING REVENUES	.00	3,238.00
ACCT:	4920		NONOPERATING REVENUE	.00	3,238.00 *
ACCT:	49		OTHER REVENUE	.00	3,238.00 **
CNTR:	1039000887			.00	3,238.00 ***
COMP:	6503			.00	3,238.00 ****
B UNIT:	1039			.00	3,238.00 *****

BUDGET UNIT 1039

DATE 09/28/2019

CENTER NAME SOUTH DAKOTA ATHLETIC COMMISSION

COMP	ORIGINAL APPROPRIATION	APPROPRIATION TRANSFERS	YEAR-TO-DATE COMMITMENTS	YEAR-TO-DATE ENCUMBRANCES	YEAR-TO-DATE EXPENDITURES	AVAILABLE APPROPRIATIONS	CASH BALANCE
6503-I	58,731.00	0.00	0.00	42,625.49	7,137.20	8,968.31	148,392.75
BUDGETED TOT	58,731.00	0.00	0.00	42,625.49	7,137.20	8,968.31	
ALL COMP TOT	58,731.00	0.00	0.00	42,625.49	7,137.20	8,968.31	

TOTAL BUDGETED:

OBJECT OF EXPENDITURE	AMOUNT BUDGETED	COMMITMENTS YEAR-TO-DATE	ENCUMBRANCES YEAR-TO-DATE	MONTHLY EXPENDITURES	YEAR-TO-DATE	BUDGET AVAILABLE	PCT AVL
5101 EMPLOYEE SALARIES	9,463.00	0.00	0.00	0.00	12.14	9,450.86	99.9
5102 EMPLOYEE BENEFITS	1,550.00	0.00	0.00	0.00	3.18	1,546.82	99.8
5203 TRAVEL	3,877.00	0.00	0.00	0.00	0.00	3,877.00	100.0
5204 CONTRACTUAL SVCS	42,741.00	0.00	42,625.49	1,205.51	6,969.74	6,854.23-	0.0
5205 SUPPLIES & MATRLS	1,100.00	0.00	0.00	47.33	152.14	947.86	86.2
TOTALS	58,731.00	0.00	42,625.49	1,252.84	7,137.20	8,968.31	15.3

BREAKOUT BY COMPANY:

COMPANY 6503-I PROFESSIONAL & LICENSING BOARDS

OBJECT OF EXPENDITURE	AMOUNT BUDGETED	COMMITMENTS YEAR-TO-DATE	ENCUMBRANCES YEAR-TO-DATE	MONTHLY EXPENDITURES	YEAR-TO-DATE	BUDGET AVAILABLE	PCT AVL
5101000 EMPLOYEE SALARIES	9,463.00	0.00	0.00	0.00	12.14	9,450.86	99.9
5102000 EMPLOYEE BENEFITS	1,550.00	0.00	0.00	0.00	3.18	1,546.82	99.8
5203000 TRAVEL	3,877.00	0.00	0.00	0.00	0.00	3,877.00	100.0
5204000 CONTRACTUAL SVCS	42,741.00	0.00	42,625.49	1,205.51	6,969.74	6,854.23-	0.0
5205000 SUPPLIES & MATRLS	1,100.00	0.00	0.00	47.33	152.14	947.86	86.2
PS SUBTOTALS	11,013.00	0.00	0.00	0.00	15.32	10,997.68	99.9
OE SUBTOTALS	47,718.00	0.00	42,625.49	1,252.84	7,121.88	2,029.37-	0.0
COMPANY 6503-I TOT	58,731.00	0.00	42,625.49	1,252.84	7,137.20	8,968.31	15.3

AGENCY 10 LABOR & REGULATION
BUDGET UNIT 1039 SOUTH DAKOTA ATHLETIC COMMISSION
CENTER-5 10390 SD ATHLETIC COMMISSION

CENTER	COMP	ACCOUNT	DESCRIPTION	CURRENT MONTH	YEAR-TO-DATE
COMPANY NO	6503	51010100	F-T EMP SAL & WAGES	.00	12.14
COMPANY NAME	PROFESSIONAL & LICENSING BOARDS				
ACCT: 5101	EMPLOYEE SALARIES			.00	12.14 *
1039000887	51020100	OASI-EMPLOYER'S SHARE		.00	.89
1039000887	51020200	RETIREMENT-ER SHARE		.00	.72
1039000887	51020600	HEALTH/LIFE INS.-ER SHARE		.00	1.55
1039000887	51020800	WORKER'S COMPENSATION		.00	.07
1039000887	51020900	UNEMPLOYMENT COMPENSATION		.00	.05-
ACCT: 5102	EMPLOYEE BENEFITS			.00	3.18 *
ACCT: 51	PERSONAL SERVICES			.00	15.32 **
1039000887	52040900	MANAGEMENT CONSULTANT		1,149.51	4,374.51
1039000887	52042000	CENTRAL SERVICES		.00	514.23
1039000887	52049600	OTHER CONTRACTUAL SERVICE		56.00	2,081.00
ACCT: 5204	CONTRACTUAL SERVICES			1,205.51	6,969.74 *
1039000887	52050280	OFFICE SUPPLIES		47.33	142.65
1039000887	52053500	POSTAGE		.00	9.49
ACCT: 5205	SUPPLIES & MATERIALS			47.33	152.14 *
1039000887	5228000	OPER TRANS OUT -NON BUDGT		.24	.76
ACCT: 5228	NONOP EXP/NONBGTD OP TR			.24	.76 *
ACCT: 52	OPERATING EXPENSES			1,253.08	7,122.64 **
COMP: 6503	PROFESSIONAL & LICENSING BOARDS			1,253.08	7,137.96 ***
CENTER: 1039000887				1,253.08	7,137.96 ****
B UNIT: 1039				1,253.08	7,137.96 *****



South Dakota Athletic Commission
 P.O. Box 340, 1351 N. Harrison Ave., Pierre, SD 57501-0340

Ph: 605.224.1721 Fax: 1.888.425.3032

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

PHYSICAL FORM

TO BE COMPLETED BY FIGHTER/REFEREE:

Name			Date of Last Fight Physical
Age	Height	Weight	Record: Wins _____ Losses _____ Draws _____
Please list the name, address, and telephone number of a person to contact in case of an emergency:			
Date of Last Eye Exam		Results of blood tests provided? _____ Yes _____ No	
1. Have you ever been knocked unconscious? If Yes , list date _____ Yes _____ No 2. Have you had any serious bone or joint injuries? If Yes , list _____ Yes _____ No 3. Have you ever had a concussion or head injury? If Yes , when _____ Yes _____ No 4. Have you ever passed out during exercise? If Yes , when _____ Yes _____ No 5. Are you currently being treated for any illness? If Yes , list _____ Yes _____ No 6. Are you currently taking any medication(s) on a regular basis? If Yes , list _____ Yes _____ No 7. Have you ever been treated for any serious illness or surgery? If Yes , list _____ Yes _____ No 8. Are you allergic to any over-the-counter or prescription medication(s)? If Yes , list _____ Yes _____ No 9. Are you currently under suspension by any state for fighting? If Yes , list _____ Yes _____ No 10. Have you ever suffered a cerebral hemorrhage of any kind? If Yes , list date _____ Yes _____ No 11. FOR WOMEN ONLY: Are you pregnant? _____ Yes _____ No Any Previous Pregnancy? If so, any serious pregnancy related problems? If Yes , list _____ Yes _____ No Any abnormal vaginal bleeding of undetermined causes? (Etiology) If Yes , explain _____ Yes _____ No Any recent loss of menstrual period? (Secondary Amenorrhea) If Yes , explain _____ Yes _____ No Any recently developed breast mass? If Yes , explain _____ Yes _____ No Any recent breast dysfunction previously not present? If Yes , explain _____ Yes _____ No			

I hereby certify by signing this form that I have read and understand the above questions and statements and that the answers given are my own and are true.

 Fighter Signature

 Date

(Back to be completed by Physician)

Fighter/Referee Name

TO BE COMPLETED BY PHYSICIAN

PRE-CONTEST PHYSICAL EXAM

POST-CONTEST PHYSICAL EXAM

BLOOD PRESSURE:	PULSE:		
GENERAL APPEARANCE: <input type="checkbox"/> Well Groomed <input type="checkbox"/> Well Nourished/Hydrated Other _____		GENERAL APPEARANCE:	
EYES: <input type="checkbox"/> Pupils Equal Round Reactive Other _____		EYES: _____ No change/injury Other _____	
EARS: <input type="checkbox"/> Auricles Normal <input type="checkbox"/> Tympanic _____ Other _____ <input type="checkbox"/> Membranes Normal _____ Other _____ <input type="checkbox"/> Hearing Acceptable _____ Other _____		EARS: _____ No change/injury Other _____	
NOSE: <input type="checkbox"/> Normal _____ Others _____		NOSE: _____ No change/injury Other _____	
MOUTH/ THROAT: <input type="checkbox"/> Dentition Acceptable <input type="checkbox"/> Other _____		MOUTH/ THROAT: _____ No change/injury Other _____	
LUNGS: <input type="checkbox"/> Clear to auscultation <input type="checkbox"/> Other _____		LUNGS: _____ No change/injury Other _____	
HEART: <input type="checkbox"/> Regular Rate and Rhythm <input type="checkbox"/> No Murmur <input type="checkbox"/> Other _____		HEART: _____ No change Other _____	
ABDOMEN: <input type="checkbox"/> No Tenderness <input type="checkbox"/> No hepto or splenomegally <input type="checkbox"/> Other _____		ABDOMEN: _____ No tenderness/injury Other _____	
NEUROLOGIC: <input type="checkbox"/> Alert, Oriented, Appropriate <input type="checkbox"/> Strength Symmetric <input type="checkbox"/> Coordination Normal <input type="checkbox"/> Other _____		NEUROLOGIC: _____ No change/injury Concussion _____ Other _____	
DERMATOLOGIC: <input type="checkbox"/> No rashes <input type="checkbox"/> No conspicuous piercings <input type="checkbox"/> Other _____		DERMATOLOGIC: _____ No change/injury Contusion(s) _____ Abrasion(s) _____ Laceration(s) _____ Other _____	
ORTHOPEDIC: <input type="checkbox"/> Hands <input type="checkbox"/> Other _____		ORTHOPEDIC: _____ No Change/injury Other _____	

Recommended Suspension:
 30 days 45 days 60 days 90 days Other

I have examined the above individual after the bout.

I have examined the above individual and find him/her in _____ satisfactory _____ unsatisfactory condition to compete/referee.

Physician Signature / Date

Physician Signature / Date