

# Contest Result Form

Approved form pursuant CL9D of the *Combat Sports Regulation 2014*

## IMPORTANT INFORMATION

- This form must be completed by a registered combatant.
- All fields below must be completed.
- The completed notice must be provided to the Authority by emailing to [combatsports@sport.nsw.gov.au](mailto:combatsports@sport.nsw.gov.au) within seven (7) days of the contest date.

## Contest details:

Combatant Full Name	
Contest Date	
Contest Venue	
Contest State / Country	
Type of Contest	
Scheduled Length of Contest	..... Rounds x ..... Minutes
Opponents Name	
Details of Title (if any)	

## Weight (as recorded at official weigh-in):

Combatant Full Name		.....	kg
Opponent Full Name		.....	kg

## Contest result and decision:

WIN	LOSS	DRAW	NO CONTEST (REFEREE RULED)	
Points	Unanimous		Split	Majority
No Contest	Reason: .....			
Disqualified	Combatant (as named above)		Opponent (as named above)	
	Reason: .....			
Stoppage	T.K.O		K.O	Submission
	Round: .....		Time: .....	

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## Medical suspension imposed:

NO	
YES	I declare that I was deemed <b>NOT MEDICALLY FIT</b> to engage in any combat sport contest or sparring by the below named attending medical practitioner. I am not to engage in any combat sport contest or sparring before:
	(Please select either or both, of the following)
	[select date] or _____ days, <b>AND/OR</b>
	a post contest medical examination(s) was conducted at the contest and the results have been attached with this contest result form.
Please include any further details below in relation to the medical suspension imposed:	
<hr/> <hr/> <hr/>	
Name of attending medical practitioner:	

I,  certify that the information provided in this document is true and correct.

Signature:

Date:

**If insufficient space above, please attach any supporting documents as well as a copy of any medical documents completed by the attending medical practitioner.**