

WRESTLING LICENSE APPLICATION
MISSISSIPPI ATHLETIC COMMISSION

The Undersigned, having paid for the legal fee of **\$30** as provided in the Mississippi Athletic Commission's rules and regulations hereby makes application for license as a wrestling participant.

Legal Name _____

SSN: _____ Birth Date _____ Phone _____

Address _____

City _____ State _____ Zip _____ Email _____

American Citizen _____ Occupation _____

Weight _____ Height _____ Age _____

Position applying for (wrestler, referee, manager) _____

Name of wrestling promoter(s) _____

How long have you been performing in wrestling exhibitions? _____

Was applicant ever penalized or disciplined by any State or City Boxing or Wrestling Commission? _____

Have you ever had any head or spinal injuries? _____

Do you have any medical conditions? _____

Do you take any prescription medications? _____

Are you on parole or probation for a violation of the law? _____

If granted this license I agree to familiarize myself with the rules and regulations of the Mississippi Athletic Commission and observe them in their entirety.

I, the undersigned, do hereby certify that the above information is correct to the best of my knowledge.

This the _____ day of _____, _____.

Signature Legal Name

Approved By: _____ Payment Method: _____ License Number: _____