



ecsc@edmonton.ca
 (780) 218-2966
 P.O. Box 2359
 Edmonton, AB
 T5J 2R7

Edmonton Combative Sports Commission Promoter - Event Permit Medical Plan Application

N.B. A medical and safety plan application must be submitted to the Executive Director **no later than 5 days** prior to the event

Promoter Business Name:
Venue Name:
Event Address:
Event Date:
Medical Emergency Contact Name:
Title:
On-Site Contact Number:

1. **Please attach an event medical and safety plan(s).** Please Include:
 - a. Venue provided medical and safety services experience and competency, if applicable
 - b. Venue on-site medical and safety manager name and cell phone number
 - c. Promoter provided medical and safety services experience and competency, if applicable.
 - d. Promoter on-site medical and safety manager name and cell phone number
 - e. Any event risk assessments and mitigation plans
 - f. Any communication protocols should an incident or emergency occur
 - g. A copy of the contract with the Emergency Medical Service provider.

2. Please indicate the number of medical personnel on site: _____

The personal information requested on this form is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy (FOIP) Act* for the purpose of the administration, management and licensing purposes for the City of Edmonton and the Edmonton Combative Sports Commission (ECSC). In particular, your personal information on this form may be disclosed to other relevant governing bodies and/or commissions regulating combative sports, as well as combative sports records databases. If you have any questions about the collection, use or disclosure of your personal information, please contact the City of Edmonton Combative Sports administrator, c/o 17th Floor, Edmonton Tower, 10111 - 104 Avenue NW, Edmonton, Alberta T5J 0J4 or at 780-495-0382 or through email: ecsc@edmonton.ca.



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3. Acknowledgement of the ECSC contracted event physicians does **not** include service to the general public in attendance.

YES _____ NO _____

4. Have you contracted Emergency Management Services (EMS) Services, with sufficient staff numbers, with up-to-date medical equipment and training, and ambulance, to attend and support the event.

YES _____ NO _____

5. Acknowledgement that all costs associated with the medical plan are paid for by the promoter.

YES _____ NO _____

Promoter Signature _____ Date _____

<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED	(Internal use)
Date: _____	Executive Director _____	

Comments:

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Please note, failure to fully complete this application or file any false information may result in denial of a license being granted. The Edmonton Combative Sports Commission (the "Commission") has final authority and may suspend or revoke a license.

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