

## FLORIDA STATE BOXING COMMISSION

### Pro Debut Information Sheet

The following is required for all pro debuts.

FIGHTER INFORMATION			
Name of Fighter			
Home Address:			
_____		_____	
(Street)		(City)	
_____		_____	
(State)		(Zip)	(Country)
Social Security Nbr *		Date of Birth	
Weight	Height	Gender	
OTHER INFORMATION			
Amateur Record		Length of Time in Training	
Name of Trainer		Trainer Phone Nbr	
Name of Gym			
Name of Manager (if applicable)		Manager Phone Nbr	

\* Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless a Federal statute specifically requires it or allows states to collect the number. Disclosure of Social Security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 409.2577, 409.2598, and 559.797, Florida Statutes. Social security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and are used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L. 193, Sec. 317. The State of Florida is authorized to collect the social security number of licensees pursuant to the Social Security Act, 42 U.S.C. 405(c)(2)(C)(I). This information is used to identify licensees for tax administration purposes.

List three (3) references that **do not** include your trainer or manager.

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

**NOTE:** All participants must submit lab results for the following in order to be considered for approval to participate in a match.

- 1) Hepatitis-B surface antigen
- 2) Hepatitis-C antibody exams
- 3) Dilated eye exam (must be performed by a licensed ophthalmologist)

**Exams are only good for a twelve (12) month period.**