



CALIFORNIA STATE ATHLETIC COMMISSION
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Addendum to Ringside Physician Application
To be completed after training.

LIST OF SIX EVENTS WHERE YOU WERE TRAINED BY A LICENSED RINGSIDE PHYSICIAN:

DATE	LOCATION	RINGSIDE PHYSICIAN
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

LIST OF TWO TRAINING CLINICS YOU ATTENDED:

DATE	LOCATION
1. _____	_____
2. _____	_____

I declare under PENALTY OF PERJURY under the laws of the State of California that the foregoing is true and correct.

Print Name _____ Date _____

Signature _____ Date _____