



**ASSEMBLY STANDING COMMITTEE ON TOURISM, PARKS, ARTS AND SPORTS
DEVELOPMENT**

NOTICE OF PUBLIC HEARING

POSTPONED NEW DATE TBD

SUBJECT: Injuries in combative sports

PURPOSE: The purpose of this hearing is to examine the potential injuries associated with combative sports under this committee's jurisdiction, including boxing, wrestling and mixed martial arts (MMA).

New York City

Friday

December 11, 2015

10:30 am

**Assembly Hearing Room, Room 1923, 19th Floor
250 Broadway, New York, NY**

Oral Testimony by Invitation Only

The New York State Athletic Commission (NYSAC) is authorized to regulate professional boxing and wrestling, which includes, but is not limited to, establishing medical and safety rules and regulations. If legalized in New York State, the sport of mixed martial arts would likely be regulated by NYSAC.

The purpose of this hearing is to ascertain the frequency and severity of injuries suffered by professional boxers, wrestlers, mixed martial arts fighters and other combative sports participants. In addition, this hearing would review current safety and medical protocols in order to determine if there are areas in need of improvement which would benefit and protect the welfare of these professional athletes.

Persons invited to present pertinent testimony to the Committee at the above hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

Oral testimony will be limited to 10 minutes duration. In preparing the order of witnesses, the Committee will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible.

Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committee would appreciate advance receipt of prepared statements.

In order to further publicize these hearings, please inform additional interested parties and organizations of the Committee's interest in receiving **written** testimony from any interested sources.

In order to meet the needs of those who may have a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

Margaret Markey

**Member of Assembly
Chair
Committee on Tourism, Parks, Arts and Sports Development**

PUBLIC HEARING REPLY FORM

Persons invited to present testimony at the public hearing on combative sport safety are requested to complete this reply form as soon as possible and mail, e-mail or fax it to:

Kendall Jacobsen
Committee Assistant
Assembly Committee on Tourism, Parks, Arts and Sports Development
Room 513 - Capitol
Albany, New York 12248
E-mail: Jacobsenk@assembly.state.ny.us
Phone: (518) 455-4355
Fax: (518) 455-7250

- I plan to attend the following public hearing to examine the potential injuries associated with combative sports under this committee's jurisdiction, including boxing, wrestling and mixed martial arts (MMA) to be conducted by the Assembly Committees on Tourism, Parks, Arts and Sports Development on **December 11, 2015**.
- I have been invited to make a public statement at the hearing. My statement will be limited to 10 minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.
- I will address my remarks to the following subjects:

- I do not plan to attend the above hearing.
- I would like to be added to the Committee mailing list for notices and reports.
- I would like to be removed from the Committee mailing list.
- I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:** _____
- _____

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE: _____

FAX TELEPHONE: _____