



ATHLETES “MUST HAVE” ITEMS

1. USA BOXING COMPETITION PASSBOOK

IF YOU DO NOT HAVE YOUR PASSBOOK AT REGISTRATION YOU WILL NOT BE ENTERED INTO THE TOURNAMENT DRAW!!

2. PROOF OF U.S. CITIZENSHIP

A COPY OR PICTURE OF YOUR ORIGINAL BIRTH CERTIFICATE OR GOVERNMENT ISSUED U.S. PASSPORT WILL BE ACCEPTED.

3. BOXING EQUIPMENT

USA BOXING APPROVED HEADGEAR, MOUTHGUARD (NO RED), UNIFORMS, BOXING BOOTS

Paperwork Deadline:

JUNE 26, 2015 - \$20 by mail or paypal

AFTER JUNE 26, 2015 - \$60 on site



Submit paperwork to:
Cpowerpunch@aol.com or mail to
C/o Woman's National Golden Gloves
Canino's Karate and Boxing Studio
56 N. Federal Highway
Dania Beach, FL 33004





Women's National



DIVISION _____
WEIGHT CLASS _____

CHECK APPROPRIATE BOX:

ELITE NOVICE YOUTH JUNIORS MASTERS GIRLS

ATHLETE ENTRY FORM

National Tournament Sanctioned by USA Boxing: 2015 Women's National Golden Gloves

NAME: _____ Weight Class: _____ Your Age As Of December 31, 2015: _____

LBC: _____ Region Name & No.: _____ Birth Date: _____

Address: _____ Passbook Validation: _____
Street City State/Zip

Phone #: _____ Cell Phone #: _____ Fax: _____ Email Address: _____

Personal Coach Name & Phone: _____ Your Personal Boxing Club: _____

Do you wear Dental Braces? Yes No If yes you must comply with Article 2, 102.6 (g) USA Boxing, Inc. rules.

WAIVER/WARNING

IN CONSIDERATION OF YOUR ACCEPTING THIS ENTRY, I HEREBY, FOR MYSELF, MY HEIRS, EXECUTORS ADMINISTRATORS AND ASSIGNS WAIVE AND RELEASE ANY AND ALL RIGHTS TO ANY CLAIM FOR DAMAGES I MAY OR MIGHT HAVE AGAINST UNITED STATES AMATEUR BOXING (USA BOXING), ANY SANCTIONING LOCAL BOXING COMMITTEE OF USA BOXING, GOLDEN GLOVES OF AMERICA AND ALL SPONSORS AND VENUE OWNERS, OR THE OFFICERS, SUB-COMMITTEES AGENTS, REPRESENTATIVES AND ASSIGNS OF THESE ENTITIES, FOR ANY INJURY OR DAMAGE SUFFERED BY ME DURING MY PARTICIPATION IN, AND/OR ARISING FROM TRAVELING TO AND/OR RETURNING FROM THE BELOW LISTED TOURNAMENTS.

The USA Boxing Local Championship Show at: _____ Date: _____

The Women's National Golden Gloves Tournament at: _____ Date: _____

AGREE TO ABIDE BY THE RULES OF UNITED STATES AMATEUR BOXING. I FULLY UNDERSTAND THAT I ASSUME ALL RESPONSIBILITY FOR ANY INJURY OR DAMAGE THAT I MAY INCUR IN THESE BOXING BOUTS. I UNDERSTAND AND AGREE THAT MEDICAL OR OTHER SERVICES RENDERED TO ME BY OR AT THE INSTANCE OF ANY OF THE NAMED PARTIES IS NOT AN ADMISSION OF LIABILITY TO PROVIDE OR CONTINUE TO PROVIDE ANY SERVICES AND IS NOT A WAIVER BY ANY OF SAID PARTIES OF ANY RIGHT OR RIGHTS HEREUNDER.

I CERTIFY THAT I HAVE HAD NO INJURIES TO MY HANDS, NEITHER FRACTURES NOR BROKEN BONES, WITHIN THREE MONTHS PRECEDING THE DATES OF THIS ENTRY FORM, AND KNOW OF NO OTHER INJURIES TO THE HEAD, CONCUSSION, FAINTING SPELLS, AND WILL NOTIFY BOXING OFFICIALS IMMEDIATELY SHOULD ANY OF THESE INJURIES AND CONDITIONS BE EXPERIENCED IN THE FUTURE.

IN ADDITION, I ALSO UNDERSTAND AND APPRECIATE THAT PARTICIPATION IN THE SPORT OF BOXING CARRIES A RISK TO ME OF SERIOUS INJURY, INCLUDING PERMANENT PARALYSIS OR DEATH; I VOLUNTARILY AND KNOWINGLY RECOGNIZE, ACCEPT AND ASSUME THIS RISK.

Signed: _____ Date: _____
Participant's Full Name

Signed: _____ Date: _____
Parent(s) or Guardian(s)

REQUIRED FOR ALL PARTICIPANTS



Release to Compete With Braces

USA Boxing Technical Rule 5.1.3.1. Boxers who wish to compete with braces are required to have attached to their passbooks a completed Release To Compete With Braces form. This form requires the written approval of their dentist, parents and/or guardian (if under 18 years of age) and a dentist-molded mouthpiece. This includes upper and/or lower braces. Boxers competing with braces waive the right to dental coverage under the USA Boxing insurance program.

I understand the above rule and give my permission for _____ to
compete in amateur boxing. (Boxer's name)

Dentist Approval:

Print Name

Signature

Date

State License Number

Parent or Legal Guardian Approval (if boxer is a minor):

Print Name

Signature

Date

Athlete:

Print Name

Signature

Date



Declaration of Non Pregnancy for Girls Boxers Aged under 18

Date: July 6, 2015
Place: Fort Lauderdale, Florida
Competition: 2015 Women's National Golden Gloves

I, _____, am one of the parents /legal caretaker of _____ and declare, on her behalf, that she is not pregnant.
(Boxer's name)

I understand that the State of Florida requires a pregnancy test for all female boxers age 16 and above.

I understand the seriousness of this statement and accept full responsibility for it. In the case that

This declaration is subsequently shown to be inaccurate or untrue and _____, suffers any related injury or damage during the competition, I on behalf of _____,

her heirs, executors and administrators, waive and release any and all claims for damages she may have against The Golden Gloves, USA Boxing (including its officials and employees), the organizers of the competition (including the Organizing Committee and the Host Federation) and the Competition Venue owners for such injury or damage.

Signature of one of the Parents/ Legal Caretaker:

Print Name

Signature

Acknowledge by

Signature of Boxer



Declaration of Non Pregnancy for Girls Boxers Aged 18 and Older

Date: July 6, 2015
Place: Fort Lauderdale, Florida
Competition: 2015 Women's National Golden Gloves

I, _____, declare I am not pregnant.

I understand that the State of Florida requires a pregnancy test for all female boxers age 16 and above.

I understand the seriousness of this statement and accept full responsibility for it. In the case that

This declaration is subsequently shown to be inaccurate or untrue and _____,

suffers any related injury or damage during the competition, I on behalf of myself,

my heirs, executors and administrators, waive and release any and all claims for damages I may have

against The Golden Gloves, USA Boxing (including its officials and employees), the organizers of the

competition (including the Organizing Committee and the Host Federation) and the Competition Venue

owners for such injury or damage.

Print Name

Signature



Women's National



Athlete/Non-Athlete Code of Conduct

Outlined below is the USA Boxing Code of Conduct

I understand that my compliance with the Code is a requirement for my participation in all USA Boxing events and The Women's National Golden Gloves. I recognize that my participation in this event is an honor. I also recognize that this Code does not establish a complete set of rules that prescribes every aspect of appropriate behavior. Further, I:

1. Will act in a manner consistent with the spirit of fair play and responsible conduct;
2. Will recognize, respect and adhere to the authority of USA Boxing's appointed coaches and team leaders;
3. Will attend and arrive at all team functions a minimum of 5 minutes prior to the scheduled start, to include meetings, practices, press conferences, competitions, etc. unless excused or otherwise instructed by the team leader or Golden Gloves designee;
4. Will comply with USA Boxing and the United States Olympic Committee (USOC) uniform requirements;
5. Will park my vehicle(if applicable) for the duration of the camp at the US Olympic Sport House;
6. Will maintain an appropriate level of fitness to promote optimal athletic performance;
7. Will make every effort to perform to the best of my abilities;
8. Will refrain from the use of performance-limiting drugs, including, but not limited to, tobacco and alcohol;
9. Will refrain from the use of any personal electronic device while in attendance of training sessions, meetings, and/or study table;
10. Will not commit a doping violation as defined by the International Olympic Committee (IOC), Association International de Boxe Amateur (AIBA), World Anti-Doping Agency (WADA), the United States Anti-Doping Agency (USADA), or the United States Olympic Committee (USOC) rules;
11. Will abide by the policies and rules established by USA Boxing, the USOC, AIBA and The Golden Gloves;
12. Will respect others, including my teammates, coaches, competitors, officials and spectators;
13. Will not engage in, nor tolerate, any form of verbal, physical or sexual abuse;
14. Will respect the property of others;
15. Will refrain from profanity and derogatory language that would reflect negatively on myself, USA Boxing and The Golden Gloves;
16. Will refrain from illegal or inappropriate behavior that would detract from a positive image of myself, USA Boxing and The Golden Gloves;
17. Will refrain from engaging in any behavior that could detract from my ability, or my teammates' ability, to perform optimally;
18. Will refrain from using any electronic devices during practice, team functions, competition, and curfew hours.
19. Will maintain a positive attitude and act in a way that will bring honor to myself, the team, USA Boxing, The Golden Gloves and the United States of America;

20. Will limit socialization with members of the opposite sex to public areas, exceptions being immediate family members, members of the USA Golden Gloves; delegation and/or other times as approved by the team leader;
21. Will remember that I am an ambassador for USA Golden Gloves Boxing, my country and the Olympic movement; and
22. Will cooperate with USA Boxing and The Golden Gloves grievance process and Judicial Committee requests.

Any member present during any violation of the Code of Conduct should leave the area immediately or be considered a participant by choice.

Disciplinary Procedures and Penalties

Failure to comply with the Code of Conduct set forth in this document for USA Boxing may result in disciplinary action in accordance with the penalties outlined in this agreement.

Penalties could include:

1. *Temporary or permanent termination of USA Boxing membership.*
2. *Suspension from USA Boxing activities for a specified period.*

Following any proposed disciplinary action by USA Boxing against a member, the member has a right to a hearing by the Judicial Committee, if requested in the statute of limitations and submitted with the filing fee.

Any appeal taken for disciplinary action rendered in an emergency hearing shall be to USA Boxing's CEO and will be conducted in accordance with Article XVI, of USA Boxing's 2013 revised Constitution and By-laws.

Acceptance

I pledge to uphold the spirit of this Code, which offers a general guide to my conduct as a participant in a USA Boxing , Golden Gloves and Florida Gold Coast event. I agree to follow the USA Boxing Grievance Procedures if I am charged with violation of the Code. I have familiarized myself with the Code and understand that my acceptance of it, as signified by my signature below, is a condition of my membership in this USA Boxing, Golden Gloves and Florida Gold Coast event.

Participant Name (*Printed*)

Date

Participant Name (*Signature*)

FORM MUST BE FILLED OUT IN ITS ENTIRETY



MEDICAL TREATMENT FORM

TO: 2015 Women's National Golden Gloves

FROM: USA Boxing Events Department

SUBJECT: Medical Treatment Form

United States Amateur Boxing's insurance company requires a signed medical treatment form either authorizing emergency medical treatment or not authorizing medical treatment for all participating individuals. *Participants under 18 years of age, are required to have parental / guardian signatures as well.*

Please complete and sign the attached form. Be sure to indicate whether treatment is approved or not approved.

Thank you for your assistance with this matter. Please do not hesitate to contact the Events Department at USA Boxing Headquarters at (719) 866-2304 if you have any questions.

MEDICAL TREATMENT FORM

_____ I **AUTHORIZE** a duly appointed representative of United States Amateur Boxing, Inc., to consent to emergency medical treatment during my participation in USA Boxing's sanctioned event.

_____ I **DECLINE** to authorize consent for emergency medical treatment during my participation in USA Boxing's sanctioned event for the following reasons:

If you marked DECLINE, please mark one of the following:

_____ Religious

_____ Personal

_____ Other: _____

Signed: _____
(Athlete Signature)

Date: _____

Signed: _____
(Parent/Guardian Signature for athletes under 18 yrs.)

Date: _____

FORM MUST BE FILLED OUT IN ITS ENTIRETY



United States Amateur Boxing Inc.

Female Athlete Acknowledgement

Name of Event 2015 Women's National Golden Gloves Tournament

Sanctioned by the _____ and United States Amateur Boxing
(Section above to be completed by Sanction Holder)

*Must be completed and signed by female athletes **each time** they compete.*

Name: _____ LBC Name & # _____

Address _____
Street City Zip Code

Birthdate _____ USA Boxing Registration # _____

Acknowledgement

I CERTIFY THAT I AM NOT PREGNANT, NOR DO I HAVE ANY PAINFUL PELVIC DISCOMFORT SUCH AS SYMPTOMATIC ENDOMETRIOSIS OR OTHER CAUSES, ABNORMAL VAGINAL BLEEDING OF UNDETERMINED CAUSES (ETIOLOGY), RECENT LOSS OF MENSTRUAL PERIOD (SECONDARY AMENORRHEA), RECENT BREAST BLEEDING, RECENTLY DEVELOPED BREAST MASS, RECENT BREAST DYSFUNCTION PREVIOUSLY NOT PRESENT OR SURGICAL BREAST IMPLANTS, AND HAVE READ SECTION 101.9(4) OF USA BOXING'S OFFICIAL RULES PERTAINING TO MY PRESENT PHYSICAL CONDITION. I FURTHER AGREE THAT I WILL IMMEDIATELY NOTIFY MY COACH, TRAINER OR OTHER LOCAL BOXING OFFICIALS IF ANY OF THE ABOVE DESCRIBED CONDITIONS SHOULD DEVELOP/APPLY.

(SECTION 101.9(4) OF USA BOXING'S OFFICIAL RULES IS INCORPORATED IN THIS ACKNOWLEDGEMENT BY REFERENCE).

I, the undersigned, have read this Acknowledgement.

Signed _____ Date _____
(Participant's Full Name)

Signed _____ Date _____ (Participant's Legal
Guardian) ***REQUIRED IF ATHLETE IS A MINOR**