



BOXING ENTRY FORM

Women's National Golden Gloves Boxing Championship

PRESENTED BY Canino's Karate and Boxing Studio

Check in / Registration – July 10, 2017

Event – July 10 thru July 14, 2016

Please print or type all information Date: _____

Name _____

First - Middle Initial - Last

Address _____

City _____ State _____ Country _____ Zip Code _____

Home Tele: ____ - ____ - ____ Office: ____ - ____ - ____ Cell: ____ - ____ - ____

Email Address _____

Coach Name _____

Coach USA Membership # _____

Date of Birth _____ Age _____ Weight Category _____ lbs. Height _____

Club Represented: _____ Number of Bouts: _____

Class: __Pee Wee __Bantam __Intermediate __Junior __Youth__Novice __Elite __Master

USA Boxing Membership Number _____



USA BOXING CODE OF CONDUCT

I _____ am a member of AIBA or United States Boxing, Inc. (USA Boxing). I understand and must comply with the guidelines as set forth in the USA Boxing Code of Conduct. I understand that this Code of Conduct applies to any and all athlete and non-athlete members and requires that I abide by this Code of Conduct and all United States Olympic Committee policies, rules, and regulations. By signing this Code of Conduct, I acknowledge that I have previously read it, understand it, and am willing to accept the conditions as outlined in it. I also, acknowledge and accept the consequences and disciplinary procedures that could be enforced if I violate any of the codes.

Participant's Signature Date

Parent/Guardian's Signature (if under 18 years of age) Date



WAIVER/WARNING/DISCLAIMER

In consideration of my participation in the activities of the **Women's National Golden Gloves Boxing Championship** and connected activities, I the undersigned, on behalf of myself, my heirs, representatives, executors, administrators and assigns, do hereby release, indemnify, and hold harmless the *Florida Gold Coast Boxing Association., Canino's Karate and Boxing Studio Inc., Women's National Golden Gloves Boxing Championships* and *AIBA/USA Boxing*, their members, its officers, agents, and employees from any cause of action, claims, or demands of any nature whatsoever, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against all parties on account of personal injury, property damage, death or accident of any kind, including any act or omission of any third party (rescue squad, hospital, etc...), arising out of or in any way related to my participation in any and all *Women's National Golden Gloves Boxing Championship Tournament*, whether that participation is supervised or unsupervised, howsoever the injury or damage is caused

I agree myself and heirs, distribute, guardians, legal representatives, and assign that in the event that any claims for personal injury, death, or property damage shall be prosecuted against the Florida Gold Coast Boxing Association., Canino's Karate and Boxing Studio Inc., Women's National Golden Gloves Boxing Championships and AIBA/USA Boxing, their members, its officers, agents, and employees.

I shall indemnify and hold harmless the Florida Gold Coast Boxing Association, Canino's Karate and Boxing Studio Inc., Women's National Golden Gloves Boxing Championships and AIBA/USA Boxing, their members, its officers, agents, and employees

from any and all such claims or causes of action by whoever made and wherever presented.

I agree to abide by the rules of the AIBA/USA Boxing. If I observe any unusual, significant violations or hazards during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately. 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 insistence of any of the named parties are not an admission of liability. To provide or continue to provide any such 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 (3) 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 participation in sports carries a risk to me of serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize, accept, and assume this risk.

FEMALE BOXERS ONLY: I further certify that I am not pregnant, or have any painful pelvic discomfort such as symptomatic endometriosis or other causes, abnormal vaginal bleeding of undetermined causes (Etiology), recent loss of menstrual period (second amenorrhea), recently developed breast mass, recent breast dysfunction previously not present or surgical breast implants, and have read section 101.9(4) of USA Boxing Official Rules pertaining to my present condition.

I have carefully read this Release of Liability. I fully understand its contents, I am aware that this is a release of liability. I sign same of my own free will.

Participant's Signature _____ Date: _____

Signature of Parent/Guardian (if under 18 years of age): _____

Address/City/State/Zip _____



**DECLARATION OF NON PREGNANCY FOR
WOMEN BOXERS AGED 17 (SEVENTEEN) AND OLDER**

Date: _____

Place: _____

Name of Competition: **Women's National Golden Gloves Boxing
Championship**

I, _____, declare that I am not pregnant. 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 I suffer 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 USA Boxing (including its officials and employees), the organizers of the competition (including the Organizing Committee and/or the Host Federation) and the Competition Venue owners for such injury or damage.

Note:

All boxers age 15 and older must have a negative pregnancy test at check in time. Store bought Pregnancy tests must be provided by boxer and will be conducted at the time of weigh in's. An administrator will supervise testing if necessary.

In accordance with USA Boxing and Florida Boxing Rules and Regulations, all female boxers are required to take a pregnancy to boxing.



CONSENT FOR SOMEONE ELSE TO AUTHORIZE TREATMENT

As the parent or legal guardian of _____, I hereby authorize and give my consent for any emergency medical, surgical, or dental treatment for my child (listed above), should it be deemed advisable by a qualified medical doctor or dentist.

Mr. & Mrs. _____, coach or another responsible adult escort is authorized to act on my behalf should a medical/dental emergency arise while participating in the 2017 Women's National Boxing Championship Tournament. I understand this is to avoid undue delay and assure prompt attention/treatment and that only a licensed and qualified medical doctor/dentist will be engaged for such an emergency.

During this period, the parent or legal guardian of the above named child will be at the following location:

Signature: _____ Tele: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

I solemnly swear or affirm that the answers I have made to each and all of the questions on the form are complete and true to the best of my knowledge and belief.

Participant Print Name Date

Signature of Participant Date

Parent/Guardian Print Name (if participant under 18 years) Date

Signature of Parent/Guardian (if participant under 18 years) Date