



COACHES “MUST HAVE” ITEMS

1. PROOF OF USA BOXING MEMBERSHIP
USA BOXING RED COACH’S PASSBOOK
2. PROOF OF USAB COACHES CERTIFICATION
CLINIC INFORMATION: DATE, LOCATION, CLINICIAN
3. TOURNAMENT ENTRY FORMS
NON-ATHLETE ENTRY FORM, CODE OF CONDUCT, COACHES
CERTIFICATION FORM

Paperwork Deadline:
JUNE 30, 2017

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



NON-ATHLETE ENTRY FORM

Name: _____ LBC#: _____ Validation #: _____

Address: _____
Street City State Zip

Phone #: _____ E:Mail: _____ @ Club Name _____

Check one: Coach: Other: Boxer Name:(if more than one please list) _____

Coaches current certification level: _____ Number of boxers in tournament: _____

WAIVER AND RELEASE AND ASSUMPTION OF RISK

IN CONSIDERATION OF ME BEING ALLOWED TO PARTICIPATE IN A NON-ATHLETE CAPACITY, AND ACCEPTANCE OF THIS ENTRY FORM IN A UNITED STATES AMATEUR BOXING COMPETITION, NATIONAL WOMEN’S GOLDEN GLOVES, I AGREE:

- I understand the nature of United States Amateur Boxing, Inc. activities and my experience and capabilities and believe I am qualified to participate in such activity. I further acknowledge that I am aware the activity will be conducted in facilities open to the public during the activity. I further agree and warrant that if I believe conditions to be unsafe, I will immediately discontinue further participation in the activity.
- I FULLY UNDERSTAND** that: (a) United States Amateur Boxing, Inc. activities involve risks and dangers of **SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH** (“Risks); (b) these Risks and dangers may be caused by me or the actions or inactions of others participating in the activity, the condition in which the activity takes place, or **THE NEGLIGENCE OF THE “RELEASEES” NAMED BELOW**; (c) there may be other risks and social and economic losses either known to me or not readily foreseeable at this time; and I **FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** incurred as a result of my participation in these activities.
- I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the United States Amateur Boxing, Inc., it’s clubs and LBC’s, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the activities take place (each considered one of the “Releasees” herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the “Releasees” or otherwise, including negligent rescue operations and further agree that if, despite this release, I, or anyone on my behalf makes a claim against any of the Releasees named above, **I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.**

Participant Name (Print) _____ Date _____

Participant Name (Signature) _____ Date _____

Athlete/Non-Athlete Code of Conduct

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



Coaches Certification Form

Date _____ LBC _____

To Coach at: **2017 Women's National Golden Gloves**

Year / Event

I certify that I, _____ am a Level _____
Coach and competent to work in an athlete's corner at the tournament listed above.

USA Boxing Registration #

Last Coaches Clinic Attended

<u>Level</u>	<u>Date</u>	<u>Location</u>

Coach Signature

Date

FORM MUST BE FILLED OUT IN ITS ENTIRETY