

OFFICIALS "MUST HAVE" ITEMS

- 1. PROOF OF USA BOXING MEMBERSHIP USA BOXING BLUE OFFICIAL'S PASSBOOK
- 2. PROOF OF USAB OFFICIALS CERTIFICATION CLINIC INFORMATION: OCN NUMBER, DATE, LOCATION
- 3. TOURNAMENT ENTRY FORMS

 NON-ATHLETE ENTRY FORM, OFFICIALS CODE OF ETHICS,

 CODE OF CONDUCT, OFFICIALS REFFERAL FORM

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



July 10 to 14th, 2017 Fort Lauderdale, Florida

NON-ATHLETE ENTRY FORM

Name:	LBC#:	Regi	on#:	
Address:				
Street	City		State	Zip
Phone #:	E:Mail:	@	Date of Birt	th:
				(Year)
Check one: Official:	oach: \Box Other: \Box (If other, what	capacity)		
Coaches and officials	please list current level:			
WAIVER AND RELEASE AND	ASSUMPTION OF RISK			
CAPACITY, AND ACC. BOXING COMPETITION 1. I understand the nature of to participate in such actiduring the activity. I furt participation in the activity. 2. I FULLY UNDERSTANT INJURY, INCLUDING I caused by me or the action NEGLIGENCE OF THE known to me or not reading RESPONSIBILITY FOR 3. I HEREBY RELEASE, HOLD HARMLESS the officers, volunteers, and which the activities take por my account caused or negligent rescue operation Releasees named above.	Funited States Amateur Boxing, Inc. activitic vity. I further acknowledge that I am aware ther agree and warrant that if I believe conditions. For the states are an awarrant that if I believe conditions. For the states are a state of the states are active to the states are active to the states. The state of the states are active to the states	es and my experience the activity will be common to be unsafe, I was not activities involved. AND DEATH ("Richtivity, the condition of the may be other risks CEPT AND ASSUMED AND AGREET and LBC's, their advertisers, and if and the enegligence of the see, I, or anyone on the properties of the condition of the condition of the properties. The condition of the con	te and capabilities and conducted in facilities of will immediately discording the risks and dangers of (isks); (b) these Risks are in which the activity and social and econord ME ALL SUCH RISK participation in these FO INDEMNIFY AN respective administrate oplicable, owners and I bility, claims, demands "Releasees" or otherwing behalf makes a claim CH OF THE RELEA	believe I am qualified open to the public ntinue further SERIOUS BODILY and dangers may be takes place, or THE nic losses either S AND ALL activities. D SAVE AND tors, directors, agents, essors of premises on a losses, or damages ise, including against any of the SEES FROM ANY
Participant Name (Print)		Date		
Participant Name (Signature)		Date		



Athlete/Non-Athlete Code of Conduct

USA BOXING CODE OF CONDUCT

Parent/Guardian's Signature (if under 18 years of age) Date
Participant's Signature Date
accept the consequences and disciplinary procedures that could be enforced if I violate any of the codes.
previously read it, understand it, and am willing to accept the conditions as outlined in it. I also, acknowledge and
Olympic Committee policies, rules, and regulations. By signing this Code of Conduct, I acknowledge that I have
and all athlete and non-athlete members and requires that I abide by this Code of Conduct and all United States
the guidelines as set forth in the USA Boxing Code of Conduct. I understand that this Code of Conduct applies to an
I am a member of AIBA or United States Booking, Inc. (USA Boxing). I understand and must comply with





Official's Code of Ethics

Outlined below is the USA Boxing Official's Code of Ethics. I understand that my compliance with the Code is a requirement for my participation in a USA Boxing event as an Official. An Official is defined as a referee, judge, timekeeper, computer tech, clerk, or weight master. I also recognize that this Code does not establish a complete set of rules that prescribes every aspect of appropriate/inappropriate behavior.

- 1. I will act in a manner consistent with the spirit of fair play and responsible conduct. Neutrality is of the utmost concern.
- 2. I will comply 100% with the neutrality rule and not officiate any bout that involves a participant from my current or former Region(s). I must notify the Ring Captain of any conflict so that the next neutral official can take my place. The only person that is authorized to make an exception, and only if there is a shortage of officials, is the Ring Captain. [USA Boxing rule 107.4 (6) Conflict of Interest Rule]
- 3. I will remove myself from working a bout if I'm assigned to work a bout where a conflict exists such that there is a bias or partiality to any of the participants, i.e., including, but not limited to being related to or having worked in a coaching/training capacity with any of the participants. We **MUST** attempt to avoid any situation where it might **APPEAR** that a boxer has an advantage by your involvement as an official on that bout.
- 4. If I am related to a boxer or if there is a boxer to whom I am very close that is competing in this event I must eliminate myself from officiating in this boxer's weight class.
- 5. I am here to work as an Official and only in the capacity of an Official. I will not work as a coach or as a second for the duration of this tournament.

I acknowledge that my failure to comply with the Official's Code of Ethics set forth in this document by USA Boxing may result in my immediate dismissal as an official from this event and that additional disciplinary actions may be applied against me for such inappropriate behavior.

I pledge to uphold the spirit of this Code, which offers a general guide to my conduct as a participant as an Official in this USA Boxing event.

Name (Printed)	Date
Name (Signature)	Region(s):
Name of Event: 2017 Woman's National Colden Claves	



Officials Referral Form

Date		LBC	C				
To Chie	f of Officials for: 2017	Women's Nationa	l Golden C	Gloves			
		Year / E	vent				
This is t	o certify that			is	a Level _		
Official	and competent to work the	he tournament listed	above.				
		I will:					
USA	Boxing Registration #		Referee	Judge	Timer	C/T	
		live Regional or I mum Level II for					
Year Event Location							
LBC Pre							
	Sig	nature			Date		
LBC Ch	ief of Officials:						
	Sig	nature			Date		