

Sanction# 1343036

Boxing Registration Form

July 25 – 28, 2013



ALL Registration forms must be received by Friday, July 12, 2013.

Contacts: Henry Lara 361-826-3472, Mark Calo-oy 210-240-9687, Rafael Davila 361-549-3450

PLEASE PRINT

Name of Boxer _____ DOB ___/___/___ Age of boxer in 2013 year _____
Address _____ City _____ State _____ Zip _____
Phone# _____ Work# _____ USA Boxing Registration# _____
Number of Amateur Bouts _____
Club's Name _____ Coach's Name _____
Coach's Phone# _____ Coach's Email _____

PLEASE COMPLETE

In consideration of accepting this entry form, I hereby, for myself, my heirs, executors, administrators and assignees waive and release all rights to any claim for damages I may or might have against Unites States Amateur Boxing (USA Boxing), any sanctioning local boxing committees of USA Boxing, South Texas Amateur Boxing Association (STABA), Texas Amateur Athletic Federation (TAAF), City of Corpus Christi Parks and Recreation and all sponsors and venue owners, or the officers, subcommittees, agents, representatives and assignees of these entities, for any injury or damage suffered by me, whether arising from negligence of the releases or otherwise, during my participation in and/or arising from traveling to and/or returning from the below listed boxing events.

2013 City of Corpus Christi Games of Texas Boxing Tournament

(INCLUDING BUT NOT LIMITED TO: WEIGH-INS AND ACTUAL TOURNAMENT BOUTS)

I agree to abide by the rules of the South Texas Amateur Boxing Association and the Texas Amateur Athletic Federation. **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 the named parties of any right or rights hereunder. I certify that I have 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 this sport (boxing) carries a risk to me of serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize and assume this risk.

(Female Boxing 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 breasts implants, and have read section 101.9(4) of the USA Boxing Rules pertaining to my physical condition.

Signed _____
Participant's Full Name

Date _____

Signed* _____
Parent(s) or Guardian(s) *REQUIRED IF BOXER IS UNDER LEGAL AGE (18 Yrs.)

Date _____

Signed _____
Boxer's Coach (or other witness)

Date _____

*****NO JUMPING WEIGHT CLASS*****

Boxer's Current USA Boxing # _____

Boxing Weight Class _____

Coach certifies that all signatures are complete and boxer is classified as check one.

JO: Bantam _____ Junior _____ Intermediate _____ Senior _____

SR: ELITE Male (NO HEAD GEAR) _____ Senior Male _____ Female Open _____ Novice _____ Sub-Novice _____

Coach's Signature _____

Date _____