

FEMALE SAN ANTONIO REGIONAL GOLDEN GLOVES OFFICIAL ENTRY FORM **FEMALE**

OPEN

Deadline for Receipt – 11:00 AM Saturday, February 20, 2016
Boys & Girls Clubs - Eastside Branch, San Antonio, TX 78220
Contact: Skip Wilson @(210)843-6558

OPEN

PLEASE PRINT

Name of Boxer _____ DOB ____/____/____ Age _____
(Last name), (First Name)

Address _____ City _____ State _____ Zip _____

Phone# _____ Work# _____ Occupation or School _____

Boxing Club's Name _____

Coach's Name _____ Coach's Phone# _____

Number of years boxing _____ years _____ months Number of amateur fights _____

Please complete attached boxer information sheet

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 committees of USA Boxing and all sponsors and venue owners, or the officers, subcommittees, agents, representatives and assigns of these entities, for any injury or damage suffered by me, whether arising from the 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.

2016 SAN ANTONIO REGIONAL GOLDEN GLOVES TOURNAMENT

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

I agree to abide by the rules of United States Amateur Boxing and the Boys and Girls Clubs of San Antonio. **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 is 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 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, accept 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 (secondary amenorrhea), recently developed breast mass, recent breast dysfunction previously not present or surgical breast implants, and have read section 101.9(4) of the USA Boxing Official Rules pertaining to my present physical condition.

Signed _____
Participant's Full Name

Date ____/____/____

Signed _____
Spouse

Date ____/____/____

Signed _____
Parent(s) or Guardian(s)

Date ____/____/____

Signed _____
Boxer's Coach (or other witness)

Date ____/____/____

Signed in the Presence of _____
LBC President/Registration Chair or Sanction Holder

Date ____/____/____

*REQUIRED IF ENTRANT IS UNDER LEGAL AGE (18 Years)

DO NOT WRITE BELOW THIS LINE -- FOR OFFICIAL USE ONLY

STATION I. PHOTOS FOR USA BOXING PASSBOOKS. Only for those needed.

USA BOXING CERTIFICATION AND REGISTRATION. NO BOOK NO BOX

Boxer's current USA BOXING No.: _____

USA BOXING Official hereby certifies that there are no USA BOXING restrictions to keep this boxer from competing:

Signature of USA BOXING Official

NAME: _____

TEAM: _____ or Independent _____

INITIAL PROCESSING AND MODIFICATIONS. Circle A or B

- A. Citizenship and age certified by position of current, valid USA BOXING passbook citizenship.
- B. Proof of citizenship established by following methods:

U.S. Citizen? Yes _____

Verified by Official/Certified Copy of (check):
 Birth Certificate or Certificate of Nationalization____; or
 Hospital record showing location of birth____; or,
 Baptismal record showing location of birth____
 Verified by Valid Alien Registration Card____

No _____

Date of Birth: ____/____/____

Age as of December 31, 2016: _____

Verified by Official/Certified Copy of: Driver's License #: _____; **and**,
 Birth Certificate____; or, Certificate of Nationalization____; or,
 Hospital record showing date of birth____; or,
 Baptismal record showing date of birth_____

Signature of Golden Gloves Official

DO NOT WRITE BELOW THIS LINE*FOR OFFICIAL USE ONLY**

STATION II. PRESS CHECK

Golden Gloves Official certifies that boxer's name and team is on top of this page, that press information is correct and that release forms are signed by the boxer, or his/her parent(s)/guardian(s)

Signature of Golden Gloves Official

STATION III. WEIGH-INS.

____ 101	____ 106	____ 112	____ 119
____ 125	____ 132	____ 141	____ 152
____ 165	____ 178	____ 178+	

NOTE: Please advise boxer he/she **must** weigh-in daily, at Tournament and make weight within his/her Weight Division.

Signature of Golden Gloves Official

STATION IV. DRAWMASTER'S TABLE.

Drawmaster certifies that:

All signatures, official signatures are complete for stations V, VI, and VII _____

Entrant is classified as: Open _____ Novice _____

Drawmaster's Signature

STATION V. FINAL PROCESSING.

Official's signature appears in Station VIII, and that boxer has received and signed for

One Official Pass _____

Boxer's Signature

Officials Signature

FILE THESE FORMS IN ALPHABETICAL ORDER IN TEAM FOLDER, CHECKING OFF NAME OF TEAM LIST.

Held under the sanction of the United States Amateur Boxing, INC STABA P.O. Box 20045 San Antonio, TX 78220