



NATIONAL SILVER GLOVES ASSOCIATION



BOXER'S OFFICIAL ENTRY FORM (MUST BE COMPLETED BY EACH BOXER BEFORE STATE COMPETITION) Sanctioned by USA Boxing, Inc.

Waiver/Warning/Disclaimer

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, State, Regional and National Silver Gloves and all Sponsors and venue owners, or the officers, sub-committees, agents, representatives and assigns of these entities, for any injury or damage suffered by me, whether arising from the negligence of the releasees or otherwise, during my participation in and/or arising from traveling to and/or returning from the below listed boxing events.

STATE _____

REGIONAL. _____

NATIONAL. Independence, MO

I agree to abide by the rules of United States Amateur 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 in 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 sport carries a risk to me or serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize accept and assume this risk.

Contestant's Name(Print). _____ USA Boxing Membership # _____



Contestant's Address _____ City _____ State _____ Zip _____

Date of Birth _____ Age _____ (as of 1/1/23) Telephone No. _____

Male Female

Parent or Guardian (Signature) _____ Email: _____

Coach's Name(Print) _____ Telephone No. _____

State Team _____ Region _____ Club Team, _____

AGE as of January 1 WEIGHT CLASSES (open ended bracketing 8-14)

<u>Circle age class</u>	<u>Circle weight class</u>
(8)	45/50/55/60/65/70/75/80/85/90/95/100/106/110
(9-10)	55/60/65/70/75/80/85/90/95/100/106/110/114/119
(11-12)	65/70/75/80/85/90/95/100/106/110/114/119/125/132/138/145
(13-14)	75/80/85/90/95/100/106/110/114/119/125/132/138/145/154/165/176/201/201+
(15-16)	75/80/85/90/95/100/106/110/114/119/125/132/138/145/154/165/176/201/201+