



**USA BOXING JUNIOR OLYMPIC NATIONAL CHAMPIONSHIPS
OFFICIAL ATHLETE ENTRY FORM**

LBC: _____ Region Name & Number: _____

BOXER INFORMATION

Gender: Male Female

Name: _____ USA Boxing ID# _____ Weight Class: _____

Birth Date: _____ Age on December 31 of Current Year: _____

Address: _____

Cell #: _____ Email: _____

Is the boxer a US Citizen? YES NO

Must upload birth certificate/passport via usaboxing.org. Required for Junior, Intermediate & Bantam divisions.

Does the boxer wear dental braces? YES NO

If YES, you must have a RELEASE TO COMPETE WITH BRACES form signed by your dentist/orthodontist.

COACH INFORMATION

Name: _____ USA Boxing ID#: _____ Phone #: _____

Email: _____ Club: _____

WAIVER/DISCLAIMER

IN CONSIDERATION OF USA BOXING ACCEPTING THIS ENTRY, I HEREBY WAIVE AND RELEASE ANY AND ALL RIGHTS TO ANY CLAIM FOR DAMAGES I MAY HAVE AGAINST USA BOXING, INC. FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, ASSIGNS, SANCTIONING LOCAL BOXING COMMITTEES OF USA BOXING, SPONSORS, VENUE OWNERS, OFFICERS, SUB-COMMITTEES, AGENTS, REPRESENTATIVES AND ASSIGNS OF THESE ENTITIES, FOR ANY INJURY OR DAMAGE SUFFERED BY ME DURING MY PARTICIPATION IN, AND/OR ARISING FROM TRAVELING TO AND/OR RETURNING FROM THE LISTED TOURNAMENT(S).

The USA Boxing JO LBC Tournament in: _____ **Date(s):** _____

The USA Boxing JO Regional Tournament in: _____ **Date(s):** _____

The USA Boxing JO National Tournament in: _____ **Date(s):** _____

I AGREE TO ABIDE BY THE RULES OF USA BOXING AND FULLY ASSUME ALL RESPONSIBILITY FOR INJURIES OR DAMAGES INCURRED BY MY PARTICIPATION. 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 SERVICES AND IS NOT A WAIVER BY ANY OF SAID PARTIES OF ANY RIGHT OR RIGHTS HEREUNDER.

I CERTIFY THE ATHLETE HAS NOT INCURRED ANY INJURIES TO THEIR HANDS, TO INCLUDE FRACTURES NOR BROKEN BONES, IN THE LAST 90 DAYS, AND KNOW OF NO OTHER CONCUSSION, FAINTING SPELLS OR HEAD INJURIES. I WILL NOTIFY BOXING OFFICIALS IMMEDIATELY SHOULD SUSPICION OF SAID INJURIES ARISE. WITH THIS FORM, YOU UNDERSTAND AND ACCEPT THE INHERENT RISKS ASSOCIATED WITH BOXING, TO INCLUDE SERIOUS INJURY, PARALYSIS OR DEATH.

Parent/Guardian Name

Parent/Guardian Signature

Date