

**17th Annual Chattanooga
Guns and Hoses "Battle of the Badges"
Friday, October 30th, 2026 Camp Jordan
Athlete Information Packet & Registration Forms**

2026 Battle of the Badges Fact Sheet

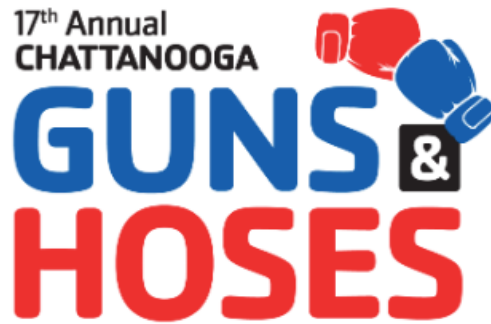
This year is the 17th Annual "Guns & Hoses" Battle of the Badges. The event will include a boxing card featuring a team of Law Enforcement Officers fighting against a team of Firefighters. Both teams represent agencies throughout the Chattanooga Region. All competitors will be matched by age, weight, boxing experience, and overall physical ability.

Proceeds from the "Guns & Hoses" event will benefit the YMCA YCAP, a delinquency prevention program, and the Forgotten Child Fund, a charity of the Firefighters and Law Enforcement Officers. Join us for this great event to support these two wonderful charities and our Law Enforcement Officers and Firefighters in our community.

For additional information or to register to compete in this event, call Andy Smith @ 423-847-7682

Please share this with your co-workers,
family and friends!

**GET YOUR FORMS TURNED IN ASAP TO RESERVE YOUR SPOT IN THE BEST
EVENT THE TRI-STATE AREA HAS EVER SEEN!**



2026 "Guns & Hoses" Battle of the Badges Boxer Information

GENERAL INFO:

You must be a certified peace officer, correctional officer, state trooper, firefighter, volunteer firefighter, or EMS. All applicants must be amateurs. *(You must never have competed for money).*

MUST HAVES:

- 1) Athlete Entry (in this packet)
- 2) USA Boxing Physical Form (included in the packet) "fit to box"
- 3) Sponsorship fee of \$100 (check mad out to Guns and Hoses)
- 4) Attendance at **six** controlled sparring sessions prior to the event
- 5) TRAINING TIMES (Location: YCAP Boxing Club, 1600 Central Ave.):

Training will begin 6/1 at the following times:

- Monday and Wednesday 7p-8p
- Monday, Wednesday, Friday 12p-1p
- Tuesday and Thursday 6a-7a
- Saturday 10a

Sparring Sessions every Wednesday evening beginning 6/24 at 7 p.m. until one week prior to the event

For one-on-one special training call Dale Dagnan at 423-618-3570

GET YOUR FORMS TURNED IN ASAP TO RESERVE YOUR SPOT IN THE BEST EVENT THE TRI-STATE AREA HAS EVER SEEN!

2026 BATTLE OF THE BADGES ATHLETE ENTRY FORM

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

AGE _____ DATE OF BIRTH _____

HEIGHT _____ WEIGHT _____

BEST CONTACT NUMBER _____

EMAIL ADDRESS _____

OCCUPATION _____

REPRESENTING DEPARTMENT _____

PRIOR NON-PRO BOXING EXPERIENCE: WINS _____ LOSSES _____

T SHIRT SIZE _____

MUST SUBMIT INTRO SONG AND ARTIST WHEN FORM IS TURNED IN:

I understand this is a voluntary event and will not hold my department (ie: Chattanooga Fire Dept, Chattanooga Police Dept., Hamilton Co. Sheriff's Dept., Hamilton Co. EMS, Puckett EMS, THP), or any other representing Department accountable in the event of an injury.

SIGNED

Date

***Application must be turned into YCAP Boxing Club Coaches or mailed to:

**GUNS AND HOSES 1600 Central Ave.
Chattanooga, TN 37408
Or emailed to westsideboxing@hotmail.com**

**GET YOUR FORMS TURNED IN ASAP TO RESERVE YOUR SPOT IN THE BEST
EVENT THE TRI-STATE AREA HAS EVER SEEN!**



**2026 Guns and Hoses, "Battle of the Badges"
Athlete Sponsorship Form**

This form is for individual athlete sponsorship for the 17th Annual Chattanooga Guns and Hoses. **We are requiring each athlete to have a sponsor of \$100 for the BIG fight on October 30th.** USA Boxing is the governing body for amateur Olympic style boxing. The Guns and Hoses uses USA Boxing as the sanctioning body. USA Boxing charges each athlete to register as precautionary measures for insurance. In lieu of your sponsorship, you will receive your name or business on the bout card under your sponsored athlete. Your name or business will also be announced when your athlete is introduced to the crowd. Please help us sponsor an athlete for this great cause!

**SPONSORSHIP FORMS MUST PAID AND TURNED IN BY OCTOBER 23rd 2026
NO EXCEPTIONS!!!!**

Name or Business of Sponsor

Name of Athlete Sponsoring

Address of name or business

Phone #

Please hand this form back to your athlete with a check for \$100 to "Chattanooga Guns and Hoses" or mail it to

**YMCA YCAP Attn: Guns and Hoses
1600 Central Ave.
Chattanooga, TN 37408**

**GET YOUR FORMS TURNED IN ASAP TO RESERVE YOUR SPOT IN THE BEST
EVENT THE TRI-STATE AREA HAS EVER SEEN!**



PHYSICAL EXAMINATION SIGNATURE PAGE AGES 18-39

Turn this in, and keep a copy for your records

Boxer's name: _____ Date of Birth: _____

Boxer's signature: _____ Date: _____

Choose one below:

_____ Cleared for all sports without restriction

_____ Cleared for all sports without restriction with recommendations for further evaluation for

_____ Not Cleared

_____ Pending further evaluation

_____ For any sports

_____ For certain sports _____

Reason: _____

Recommendations: _____

I have examined the above-named athlete and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved, and the potential consequences are completely explained to the athlete and parent/guardian.

Name of Medical Professional: _____

Address, City, State, and Zip: _____

Phone: _____

Signature: _____ Credentials: _____ Date: _____

**Valid medical signers are MD, DO, NP, PA*

***DC is not accepted by USA Boxing*

**FILL FORM OUT COMPLETELY - SPACES
LEFT BLANK WILL DELAY PROCESSING.**



Annual Physical Examination Master's Division Boxer 40 Years Old and UP

Name: _____ Date of Exam: _____

Personal Medical History

Past and recent illness: _____

Surgical Procedures: _____

Allergies: _____

Medications: _____

Family History: _____

Age: _____ Height: _____ Weight: _____ Blood Pressure: _____ (Supine not to exceed 145/90)

Ears and Hearing: RT: _____ LT: _____

Chest: _____ Heart: _____ Abdomen: _____

Hernia: _____ Back/Extremities: _____

Neurology: Cranial Nerves: _____ DTRs: _____

Romberg: _____ Babinski: _____ Sensory: _____

Body Mass Index: _____ Peak Pulmonary Flow: _____ (Not less than 300 ML)

Laboratory: CBC: _____ BUN/CR: _____ Glucose: _____

Cholesterol: _____ Urinalysis: _____

Eye Exam: RT: _____ LT: _____ (Long distance vision WITH or WITHOUT glasses)
(Corrective lenses of less than 20/80)

Ishihara Color Test: _____ Fundoscopy: _____

Resting ECG/EKG (all): _____ Exercise ECG/EKG age 45 and over): _____

Remarks: _____

Please retain this page for physician and member records.



Review of Physical Exam Results

Master's Division Boxer

40 Years Old and Up

Name: _____ Date of Exam: _____

Member ID#: _____ Date of Birth: _____

Name of Physician _____ Credentials _____

Address: _____

License #: _____

Physician's signature: _____

Results of the exam:

_____ FIT TO BOX _____ NOT FIT TO BOX

per USA Boxing criteria, including:

1. No history of uncontrolled diabetes, high blood pressure, or chest pain
2. No recent or history of chronic headaches
3. Blood pressure that is less than 145/90

If member/patient is age 45 or older, he/she must have a graded exercise EKG every 5 years.

If graded exercise EKG was given, results are: _____ PASSED _____ FAILED _____ DATE

***Valid medical signers are: MD, DO, NP, PA**

****DC is not accepted by USA Boxing**

Please upload this page directly to your USA Boxing account when complete.