



Boxing Canada (CABA)



Membership Application

Alberta Amateur
Boxing
Association
*

Registration year: _____ New application _____ Renewal _____ Date _____

Boxing Nova
Scotia
*

Provincial Association _____ Club _____

Boxing Ontario
*

Name _____
(Given Name) (Family Name)

Address _____

Boxing BC
*

City _____ Postal Code _____

Fédération
québécoise de
boxe olympique
*

Telephone (____) _____ Date of Birth _____
Day Month Year

S.I.N. _____ Prov. Health Ins. _____

Citizenship _____ 1st Official language English ___ French ___

Manitoba Amateur
Boxing
Association
*

Competitor	OR	Other Category
Cadet A _____ 11 & 12		Coach _____ Level _____
Cadet B _____ 13 & 14		Official _____ Level _____
Cadet C _____ 15 & 16		Other Non- Competitor _____
Junior _____ 17 & 18		Associate Member _____
Senior _____ 19 +		Recreational Member _____

New Brunswick
Amateur Boxing
Association
*

Bouts _____ Wins _____ Gender Male _____ Female _____
(Including kick-boxing and other combat sports)

Boxing
Newfoundland &
Labrador
*

Date of medical examination _____

Previous involvement in Professional Boxing or any combat sport:

NO _____ YES _____ if yes explain _____

Prince Edward
Island Amateur
Boxing
Association
*

Release and Waiver

In consideration of membership and permission to participate in amateur boxing granted me or my son / daughter / ward by the Canadian Amateur Boxing Association, a non-profit corporation, and its affiliated Provincial / Territorial Sport-Governing Body, I hereby release and discharge the Canadian Amateur Boxing Association, its affiliated Provincial/Territorial Sport-Governing bodies, clubs, coaches, officials, members, agents, officers, and employees from all claims, actions, judgements and executions which the undersigned's heirs, executors, administrators, or assigns may have, or claim to have, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by, or arising out of, the participation in the sports activity of amateur boxing. I, the undersigned fully understand that this sport activity has inherent risks involved, and I am fully aware of the nature of these risks, but waive rights, claims, cause of action ect. as heretofore, and do hereby assume the risk.

I, the undersigned, have read this Release / Waiver and understand all its terms and conditions, I execute it voluntarily and with full knowledge of its significances.

IN WITNESS WHEREOF, I have executed this release at

_____, on the _____ day of _____ 20 _____

Place

Witnessed

Signature of Applicant

Parent or Guardian, if athlete under legal age

Boxing
Saskatchewan
*

Yukon Amateur
Boxing
Association
*

Provincial Registrar: _____

Medical Certificate Attached Yes No