

2020 OFFICIAL ENTRY FORM

MICHIGAN GOLDEN GLOVES CHAMPIONSHIPS

Sanctioned by USA Boxing #20-19-56569

(PLEASE TYPE OR PRINT IN INK)

Name _____ USA Boxing # _____ PH# (____) _____

Address _____ City _____ Zip _____ Email _____

Age _____ Date of Birth _____ Place of Birth _____

Club Name _____ Coaches Name _____

Coach's Address _____ City _____ Zip _____ PH# (____) _____

My verifiable Under age 18 record is _____ Wins/ _____ losses **** Over age 18 is _____ Wins / _____ losses

CIRCLE your current wt:	MALE	108	114	123	132	141	152	165	178	201	201+
	FEMALE:	106	112	119	125	132	141	152	165	178	178+

Junior FILL IN current wt: _____ lbs. CIRCLE your class: JUNIOR NOVICE OPEN

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 Amateurs Boxing (USA Boxing), USA Boxing Michigan Association, Michigan Golden Gloves Assoc., Inc. Golden Gloves of America and all sponsors, venue owners, or the officers, sub-committees, agents, representatives and assigns of any 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 competition to which this entry for applies or to an subsequent advancing tournament related thereto.

I understand that physician(s) giving physicals for this competition are doing so to determine the individual's fitness to engage in competitive sports. That they are not necessarily performing a complete physical examination and are not liable for civil damages as a result of acts or omissions in performing the examination, except acts or omissions amounting to gross negligence or willful and wanton misconduct or which are outside the scope of the license held by the physician(s).

I further hereby authorize competent medical physician(s) to furnish such medical and surgical treatment including anesthesia to me as considered necessary and proper in the treatment of myself. It is also understood that this same authorization be granted to the hospital of the physician's choice should it be deemed necessary that I should receive treatment at the hospital.

I understand and agree that medical or other services rendered to me by or at the instance of any of the named parties are 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 herein.

I certify that I am in good physical condition, that I have had no head injuries or other injuries or illnesses that I have sustained which may reoccur and be detrimental to my participation in this competition.

In addition, I also understand and appreciate that participation in sport carries a risk to me of serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize, accept and assume this risk.

I also certify that I am an amateur athlete currently registered with and in good standing with USA Boxing. I will abide by all rules of the Golden Gloves Tournament, the rules of USA Boxing and the rules of fair play which normally govern amateur athletic contests.

I understand that the Michigan Golden Gloves Association, Inc. has excuse rights to this completion and that any broadcast, reproduction etc., of the event without the express written consent of the Michigan Golden Gloves Association Inc., is prohibited.

	_____ Participant (18 or over)	_____ Date
Boxer's coach or other witness	_____ Date	_____ Date
	_____ Parent or guardian (minor participant) (Signature required if boxer is under age 18)	_____ Date