



2023 MICHIGAN GOLDEN GLOVES COACHES INFORMATION FORM

(PLEASE PRINT OR TYPE ALL INFORMATION)

NAME: _____ USA BOXING #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ EMAIL: _____

CLUB REPRESENTED: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

WAIVER / WARNING / DISCLAIMER

In consideration of your accepting this entry, I, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against the Michigan Golden Gloves Assoc., Inc., United States Amateur Boxing, any sanctioning Local Boxing Committees of USA Boxing 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 scheduled boxing event

SIGNATURE OF COACH

DATE

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ELECTRONICALLY SUBMIT THIS FORM OR HAND CARRY IT IN AT INITIAL WEIGH-IN DATE (APRIL 1) AT MGGA, ST. MARY'S ACTIVITY CENTER. THIS FORM MUST BE COMPLETED AND TURNED IN TO RECEIVE YOUR ADMISSION PASS FOR THE TOURNAMENT. ONE (1) ADMISSION PASS PER COACH, DUPLICATE THIS FORM AS NEEDED. PASSES ARE NOT TRANSFERRABLE, NOT REFUNDABLE OR REPLACED, DO NOT LOSE YOUR PASS.

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