



# 2019 USA BOXING JUNIOR OLYMPIC NATIONAL CHAMPIONSHIPS OFFICIAL ATHLETE ENTRY FORM

LBC: \_\_\_\_\_ Region Name & No.: \_\_\_\_\_

<b>PLEASE SELECT:</b>	<b>MALE</b>	<b>FEMALE</b>
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NAME: \_\_\_\_\_ Weight Class: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age as of December 31, 2019 \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Personal Coach: \_\_\_\_\_  
Name Phone # Club

US Citizen? \_\_\_\_\_ NO \_\_\_\_\_ YES  
Required for Junior, Intermediate & Bantam divisions, must show copy of birth certificate or passport.

Do you wear dental braces? \_\_\_\_\_ NO \_\_\_\_\_ YES.  
If YES, you must have a RELEASE TO COMPETE WITH BRACES form signed by your dentist/orthodontist.

### WAIVER/WARNING

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 USA BOXING, INC., ANY SANCTIONING LOCAL BOXING COMMITTEE 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 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: Madison, WI Date(s): June 23-29

I AGREE TO ABIDE BY THE RULES OF USA BOXING, INC. I FULLY UNDERSTAND THAT I ASSUME ALL RESPONSIBILITY FOR ANY INJURY OR DAMAGE THAT I MAY INCUR IN THESE BOXING BOUTS. 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 ANY SERVICES AND IS NOT A WAIVER BY ANY OF SAID PARTIES OF ANY RIGHT OR RIGHTS HEREUNDER.

**I CERTIFY THAT I HAVE HAD NO INJURIES TO MY HANDS, NEITHER FRACTURES NOR BROKEN BONES, WITHIN THREE MONTHS PRECEDING THE DATES OF THIS ENTRY FORM, AND KNOW OF NO OTHER INJURIES TO THE HEAD, CONCUSSION, FAINTING SPELLS, AND WILL NOTIFY BOXING OFFICIALS IMMEDIATELY SHOULD ANY OF THESE INJURIES AND CONDITIONS BE EXPERIENCED IN THE FUTURE.**  
IN ADDITION, I ALSO UNDERSTAND AND APPRECIATE THAT PARTICIPATION IN THE SPORT OF BOXING CARRIES A RISK TO ME OF SERIOUS INJURY, INCLUDING PERMANENT PARALYSIS OR DEATH; I VOLUNTARILY AND KNOWINGLY RECOGNIZE, ACCEPT AND ASSUME THIS RISK.

Signed: \_\_\_\_\_  
Participant Date

### **SIGNATURE OF PARENT OR GUARDIAN REQUIRED FOR ALL PARTICIPANTS**

Signed: \_\_\_\_\_  
Parent or Guardian Date