



**2010 UNITED STATES AMATEUR BOXING NATIONAL CHAMPIONSHIPS
OFFICIAL ATHLETE ENTRY FORM**

LBC Tournament Sanctioned by USA Boxing: _____ Association, Inc.

REGIONAL Tournament Sanctioned by USA Boxing: _____ Association, Inc.

National Tournament Sanctioned by USA Boxing: **USA BOXING NATIONAL OFFICE** Association, Inc.

PLEASE CHECK APPROPRIATE BOX: MALE FEMALE

NAME: _____ Weight Class: _____ Your Age As Of August 1, 2010: _____

LBC: _____ Region Name & No.: _____ Birth Date: _____

Address: _____ Passbook Validation: _____
Street City State/Zip (2010)

Phone #: _____ Cell Phone #: _____ Fax: _____ Email Address: _____

Personal Coach Name & Phone: _____ Your Personal Boxing Club: _____

Do you wear Dental Braces? Yes No If yes you must comply with Article 2, 102.6 (g) USA Boxing, Inc. rules.

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 UNITED STATES AMATEUR BOXING (USA BOXING), 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 BELOW LISTED TOURNAMENTS.

The USA Boxing Local Championship Tournament at: _____ Date: _____

The United States Amateur Boxing Regional Tournament at: _____ Date: _____

The United States Amateur Boxing National Tournament at: **Colorado Springs, CO** Date: **7/11-7/19, 2010**

AGREE TO ABIDE BY THE RULES OF UNITED STATES AMATEUR BOXING. 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 INSISTANCE 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: _____ Date: _____

Participant's Full Name

Signed: _____ Date: _____

Parent(s) or Guardian(s)

REQUIRED FOR ALL PARTICIPANTS