



**2009 USA BOXING
NATIONAL CHAMPIONSHIPS**

**SENIOR MALE ATHLETE
PAPERWORK PACKET**

**THE FORMS LISTED BELOW MUST BE COMPLETED BY
EACH SENIOR MALE ATHLETE:**

- 1. OFFICIAL SENIOR ATHLETE ENTRY FORM**
- 2. MEDICAL TREATMENT FORM**
- 3. USA BOXING ATHLETE/NON ATHLETE CODE OF CONDUCT**
- 4. USA BOXING ATHLETE BIO FORM**
- 5. OFFICIAL DRUG TESTING NOTIFICATION FORM**



**ALL FORMS MUST BE FILLED OUT IN THEIR
ENTIRETY BY EACH PARTICIPANT**



**2009 UNITED STATES AMATEUR BOXING NATIONAL CHAMPIONSHIPS
OFFICIAL SENIOR 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 29, 2009: _____

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

Address: _____ Passbook Validation: _____
Street City State/Zip (2009)

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: **DENVER, COLORADO** Date: **6/8 – 6/13, 2009**

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 IF ENTRANT IS UNDER LEGAL AGE (18 YEARS OF AGE)



TO: 2009 USA Boxing National Championships Participants
FROM: USA Boxing Events Department
SUBJECT: Medical Treatment Form

United States Amateur Boxing's insurance company requires a signed medical treatment form either authorizing emergency medical treatment or not authorizing medical treatment for all participating individuals. ***Participants under 18 years of age, are required to have parental / guardian signatures as well.***

Please complete and sign the attached form. Be sure to indicate whether treatment is approved or not approved.

Thank you for your assistance with this matter. Please do not hesitate to contact the Events Department at USA Boxing Headquarters at (719) 866-2306 if you have any questions.

MEDICAL TREATMENT FORM

_____ I **AUTHORIZE** a duly appointed representative of United States Amateur Boxing, Inc., to consent to emergency medical treatment during my participation in USA Boxing's sanctioned event.

_____ I **DECLINE** to authorize consent for emergency medical treatment during my participation in USA Boxing's sanctioned event for the following reasons:

If you marked DECLINE, please mark one of the following:

_____ Religious

_____ Personal

_____ Other: _____

Signed: _____
(Athlete Signature)

Date: _____

Signed: _____
(Parent/Guardian Signature for athletes under 18 yrs)

Date: _____



Athlete/Non-Athlete Code of Conduct

Outlined below is the USA Boxing Code of Conduct

I understand that my compliance with the Code is a requirement for my participation in USA Boxing events. I recognize that my participation in this event is an honor and privilege. I also recognize that this Code does not establish a complete set of rules that prescribes every aspect of appropriate behavior. Further, I:

1. Will act in a manner consistent with the spirit of fair play and responsible conduct;
2. Will recognize, respect and adhere to the authority of USA Boxing's appointed coaches and team leaders;
3. Will attend all team functions, to include meetings, practices, press conferences, competitions, etc. unless excused or otherwise instructed by the team leader or USA Boxing's designee;
4. Will comply with USA Boxing and the United States Olympic Committee (USOC) uniform requirements;
5. Will be within 5 pounds of my competition weight;
6. Will adhere to all curfews established by the team leader or USA Boxing's designee;
7. Will maintain an appropriate level of fitness to promote optimal athletic performance;
8. Will make every effort to perform to the best of my abilities;
9. Will refrain from the use of performance-limiting drugs, including, but not limited to, tobacco and alcohol;
10. Will refrain from using any substance on the Olympic Movement Anti-Doping Code or Association Internationale de Boxe Amateur (AIBA) banned substance list, as enforced by WADA and USADA, and will abide by the drug testing procedures of USADA, WADA, and the USOC;
11. Will abide by the policies and rules established by USA Boxing, the USOC and the Association International De Boxe Amateur (AIBA);
12. Will respect others, including my teammates, coaches, competitors, officials and spectators;
13. Will not engage in, nor tolerate, any form of verbal, physical or sexual abuse;
14. Will respect the property of others;
15. Will refrain from profanity and derogatory language that would reflect negatively on myself and USA Boxing;
16. Will refrain from illegal or inappropriate behavior that would detract from a positive image of myself and USA Boxing;
17. Will refrain from engaging in any behavior that could detract from my ability, or my teammates' ability, to perform optimally;
18. Will maintain a positive attitude and act in a way that will bring honor to myself, the team, USA Boxing and the United States of America;

USA BOXING ATHLETE/NON ATHLETE CODE OF CONDUCT

- 19. Will limit socialization with members of the opposite sex to public areas, exceptions being immediate family members, members of the USA delegation and/or other times as approved by the team leader;
- 20. Will remember that I am an ambassador for USA Boxing, my country and the Olympic movement; and
- 21. Will cooperate with USA Boxing’s grievance process and Judicial Committee requests.

Any member present during any violation of the Code of Conduct should leave the area immediately or be considered a participant by choice.

Disciplinary Procedures and Penalties

Failure to comply with the Code of Conduct set forth in this document for USA Boxing may result in disciplinary action in accordance with the penalties outlined in this agreement.

Penalties could include:

- 1. *Temporary or permanent termination of USA Boxing membership.*
- 2. *Suspension from USA Boxing activities for a specified period.*
- 3. *For National Team members:*
 - a. *Immediate dismissal from team and return home at athlete’s expense.*
 - b. *Withholding of a portion or all of any stipend(s) received from USA Boxing, USOC, etc.*

Following any disciplinary action by USA Boxing, the disciplined member has a right to a hearing by the Judicial Committee, if requested in writing with the statute of limitations, and submitted with the filing fee.

Any appeal taken for disciplinary action rendered in an emergency hearing shall be to USA Boxing’s CEO and will be conducted in accordance with Article XIV, Section 214.12 of USA Boxing’s Constitution and By-laws.

Acceptance

I pledge to uphold the spirit of this Code, which offers a general guide to my conduct as a participant in a USA Boxing event. I agree to follow the USA Boxing Grievance Procedures if I am charged with violation of the Code. I have familiarized myself with the Code and understand that my acceptance of it, as signified by my signature below, is a condition of my membership in this USA Boxing event.

Participant Name (*Printed*) Date

Participant Name (*Signature*)

Name of Event

Witness

ATHLETE BIO FORM



2009 USA Boxing Athlete Bio Form

Name: _____ Weight class: _____

Hometown: _____ Birthdate: _____

Height: _____ Weight: _____

Coach's name: _____ Club name: _____

School _____ Began boxing: _____

Occupation: _____

Career highlight: _____

Who has been your biggest influence and why: _____

How did you get involved in boxing: _____

What is your greatest strength in the ring: _____

Did you ever play any other sports: _____

What do you love most about boxing: _____

What are your goals in and out of the ring: _____

What is your favorite TV show: _____

What are your hobbies outside of boxing: _____

What is something interesting about you that most people don't know: _____



UNITED STATES AMATEUR BOXING, INC. OFFICIAL DRUG TESTING NOTIFICATION

I UNDERSTAND THAT DRUG TESTING WILL/MAY BE CONDUCTED ON A FORMAL BASIS FOR THIS USA BOXING EVENT AND THAT THE DETECTION OF USE OF BANNED SUBSTANCES (ON THE IOC/USOC LIST OR INCLUDED IN USA BOXING'S OFFICIAL RULES) WOULD MAKE ME SUBJECT TO DISQUALIFICATION FROM THIS EVENT AS WELL AS FROM ELIGIBILITY FOR USA BOXING AND USOC EVENTS AND ACTIVITIES FOR A MINIMUM PERIOD IMPOSED BY USA BOXING'S NATIONAL BOARD OF REVIEW, WHICH INCLUDE THOSE PENALTIES SUGGESTED/RECOMMENDED BY THE IOC/USOC DOPING/DRUG CONTROL PROGRAMS. I UNDERSTAND THAT MY REFUSAL TO PARTICIPATE IN THE DRUG TESTING PROGRAM SUBJECTS ME TO THE SAME PENALTIES. I ALSO UNDERSTAND THAT IF FOUND POSITIVE FOR A BANNED SUBSTANCE, I WILL BE ADVISED OF MY RIGHTS OF APPEAL UNDER USA BOXING'S OFFICIAL RULES, ARTICLE XXII, HEARINGS AND APPEALS. BY REGISTERING FOR THIS COMPETITION, I AM CONSENTING TO BE SUBJECT TO THE DRUG TESTS AND ITS PENALTIES IF FOUND POSITIVE FOR A BANNED SUBSTANCE. I KNOW AND UNDERSTAND THAT I MAY CONTACT A PHYSICIAN MEMBER OF USA BOXING OR **CALL THE DRUG HOTLINE, 1-800-233-0393**, TO SATISFY ANY QUESTION(S) OR CONCERNS THAT I MAY HAVE ABOUT MEDICATIONS, BANNED SUBSTANCES AND PRACTICES.

Print: _____

Date: _____

Signature: _____

Date: _____