



**2009 USA BOXING  
NATIONAL CHAMPIONSHIPS**

**JUNIOR FEMALE ATHLETE  
PAPERWORK PACKET**

**THE FORMS LISTED BELOW MUST BE COMPLETED BY  
EACH JUNIOR FEMALE ATHLETE:**

- 1. OFFICIAL JUNIOR ATHLETE ENTRY FORM**
- 2. MEDICAL TREATMENT FORM**
- 3. USA BOXING ATHLETE/NON ATHLETE CODE OF CONDUCT**
- 4. USA BOXING ATHLETE BIO FORM**
- 5. FEMALE ACKNOWLEDGEMENT FORM**



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



**2009 UNITED STATES AMATEUR BOXING NATIONAL CHAMPIONSHIPS  
OFFICIAL JUNIOR 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, 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 – 6/11, 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 FOR ALL PARTICIPANTS**



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.

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## 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.

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Participant Name (*Printed*) Date

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Participant Name (*Signature*)

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Name of Event

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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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FEMALE ACKNOWLEDGEMENT FORM**



# United States Amateur Boxing Inc.

## Female Athlete Acknowledgement

Name of Event: **2009 USA BOXING NATIONAL CHAMPIONSHIPS**

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Sanctioned by: **USA BOXING NATIONAL OFFICE**

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(Section above to be completed by Sanction Holder)

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*Must be completed and signed by female athletes **each time** they compete.*

Name: \_\_\_\_\_ LBC Name & #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

Birth Date: \_\_\_\_\_ Passbook Validation #: \_\_\_\_\_  
(2009)

### Acknowledgement

**I CERTIFY THAT I AM NOT PREGNANT, NOR DO I HAVE ANY PAINFUL PELVIC DISCOMFORT SUCH AS SYMPTOMATIC ENDOMETRIOSIS OR OTHER CAUSES, ABNORMAL VAGINAL BLEEDING OF UNDETERMINED CAUSES (ETIOLOGY), RECENT LOSS OF MENSTRUAL PERIOD (SECONDARY AMENORRHEA), RECENT BREAST BLEEDING, RECENTLY DEVELOPED BREAST MASS, RECENT BREAST DYSFUNCTION PREVIOUSLY NOT PRESENT OR SURGICAL BREAST IMPLANTS, AND HAVE READ SECTION 101.9(4) OF USA BOXING'S OFFICIAL RULES PERTAINING TO MY PRESENT PHYSICAL CONDITION. I FURTHER AGREE THAT I WILL IMMEDIATELY NOTIFY MY COACH, TRAINER OR OTHER LOCAL BOXING OFFICIALS IF ANY OF THE ABOVE DESCRIBED CONDITIONS SHOULD DEVELOP/APPLY.**

**(SECTION 101.9(4) OF USA BOXING'S OFFICIAL RULES IS INCORPORATED IN THIS ACKNOWLEDGEMENT BY REFERENCE).**

I, the undersigned, have read this Acknowledgement.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Participant's Full Name)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Participant's Legal Guardian) **\*REQUIRED IF ATHLETE IS A MINOR**