



**2009 USA BOXING  
NATIONAL CHAMPIONSHIPS**

**SENIOR REGIONAL COORDINATORS  
PAPERWORK PACKET**

**THE FORMS LISTED BELOW MUST BE COMPLETED BY  
EACH SENIOR REGIONAL COORDINATOR:**

- 1. NON-ATHLETE ENTRY FORM**
- 2. MEDICAL TREATMENT FORM**
- 3. USA BOXING ATHLETE/NON ATHLETE CODE OF CONDUCT**
- 4. SENIOR MEN'S REGIONAL TEAM ENTRY FORM**
- 5. SENIOR WOMEN'S REGIONAL TEAM ENTRY FORM**
- 6. REGIONAL CHECKLIST SPREADSHEET**
- 7. REGIONAL TRAVEL DELEGATION SPREADSHEET**



**ALL FORMS MUST BE FILLED OUT IN THEIR ENTIRETY BY  
EACH SENIOR REGIONAL COORDINATOR**

NON-ATHLETE ENTRY FORM



NON-ATHLETE ENTRY FORM

Name of Competition: 2009 USA Boxing National Championships

Name: \_\_\_\_\_ LBC#: \_\_\_\_\_ Region#: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Phone #: \_\_\_\_\_ Validation #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*(2009)*

Check one: Official:  Coach:  Other:  (If other, what capacity) \_\_\_\_\_

Coaches and officials please list current level: \_\_\_\_\_

**WAIVER AND RELEASE AND ASSUMPTION OF RISK**

**IN CONSIDERATION OF ME BEING ALLOWED TO PARTICIPATE IN A NON-ATHLETE CAPACITY, AND ACCEPTANCE OF THIS ENTRY FORM IN A UNITED STATES AMATEUR BOXING COMPETITION, I AGREE:**

1. I understand the nature of United States Amateur Boxing, Inc. activities and my experience and capabilities and believe I am qualified to participate in such activity. I further acknowledge that I am aware the activity will be conducted in facilities open to the public during the activity. I further agree and warrant that if I believe conditions to be unsafe, I will immediately discontinue further participation in the activity.
2. **I FULLY UNDERSTAND** that: (a) United States Amateur Boxing, Inc. activities involve risks and dangers of **SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH** ("Risks); (b) these Risks and dangers may be caused by me or the actions or inactions of others participating in the activity, the condition in which the activity takes place, or **THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW**; (c) there may be other risks and social and economic losses either known to me or not readily foreseeable at this time; and **I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** incurred as a result of my participation in these activities.
3. **I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the United States Amateur Boxing, Inc., it's clubs and LBC's, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the activities take place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, or anyone on my behalf makes a claim against any of the Releasees named above, **I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.**

Participant Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Participant Name (Signature) \_\_\_\_\_ Date \_\_\_\_\_



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

## 2009 Senior Men's Regional Team Entry Form

### MUST BE RECEIVED BY May 1st, 2009

<b>EVENT:</b>	<b>2009 SENIOR MEN'S USA BOXING NATIONAL CHAMPIONSHIPS</b>	<b>REGION #:</b>	<b>REGION NAME:</b>	<b>DATE:</b>	
Instructions: Each Regional Coordinator must complete the Regional Entry Form below. (All fields must be complete for the form to be valid) This form must be handed in along with all paperwork listed on the factsheet enclosed in your 2009 USA Boxing National Championships packet.					
Only one boxer per weight class.			Athlete Passbooks must be present at registration / <i>NO BOOK NO BOX</i>		
<b>WEIGHT/ POSITION</b>	<b>NAME</b>	<b>BIRTH DATE</b>	<b>USA BOXING MEMBER NUMBER</b>	<b>STREET-CITY-STATE-ZIP</b>	<b>TELEPHONE NUMBER</b>
<b>REGIONAL COORDINATOR</b> Housing & Meals					
<b>106 LBS</b> Housing & Meals					
<b>112 LBS</b> Housing & Meals					
<b>119 LBS</b> Housing & Meals					
<b>125 LBS</b> Housing & Meals					
<b>132 LBS</b> Housing & Meals					
<b>141 LBS</b> Housing & Meals					
<b>152 LBS</b> Housing & Meals					
<b>165 LBS</b> Housing & Meals					
<b>178 LBS</b> Housing & Meals					
<b>201 LBS</b> Housing & Meals					
<b>201+ LBS</b> Housing & Meals					
<b>COACH</b> Housing & Meals					
<b>COACH</b> Housing & Meals					
<b>OFFICIAL</b> Air/Housing/Meals					
<b>OFFICIAL</b> Housing & Meals					
<b>OFFICIAL</b> Housing & Meals					
<b>REGIONAL COORDINATORS / COACHES / OFFICIALS LISTED ON THE SENIOR MALE ROSTER WILL REPRESENT THE SENIOR FEMALE</b>					
I certify that all of the information is complete and correct, including the birthdate of each athlete and the USA Boxing membership status of each delegation member. I further understand the terms and conditions of the participation of my regional team in this National Championship, and have communicated this information to all team members.					
<i>Signature of Regional Coordinator</i>			<i>Date of Signature</i>		

***The above sheet must be filled out in full. Incomplete forms will not be accepted.***

# 2009 Senior Women's Regional Team Entry Form

## MUST BE RECEIVED BY May 1st, 2009

<b>EVENT:</b>	<u>2009 SENIOR WOMEN'S USA BOXING NATIONAL CHAMPIONSHIPS</u>	REGION #:	REGION NAME:	DATE:	
Instructions: Each Regional Coordinator must complete the Regional Entry Form below. (All fields must be complete for the form to be valid) This form must be handed in along with all paperwork listed on the factsheet enclosed in your 2009 USA Boxing National Championships packet.					
Only one boxer per weight class.			Athlete Passbooks must be present at registration / <i>NO BOOK NO BOX</i>		
WEIGHT/ POSITION	NAME	BIRTH DATE	USA BOXING MEMBER NUMBER	STREET-CITY-STATE-ZIP	TELEPHONE NUMBER
<b>101 LBS</b> Housing & Meals					
<b>106 LBS</b> Housing & Meals					
<b>112 LBS</b> Housing & Meals					
<b>119 LBS</b> Housing & Meals					
<b>125 LBS</b> Housing & Meals					
<b>132 LBS</b> Housing & Meals					
<b>141 LBS</b> Housing & Meals					
<b>152 LBS</b> Housing & Meals					
<b>165 LBS</b> Housing & Meals					
<b>178 LBS</b> Housing & Meals					
<b>178+ LBS</b> Housing & Meals					
REGIONAL COORDINATORS / COACHES / OFFICIALS LISTED ON THE SENIOR MALE ROSTER WILL REPRESENT THE SENIOR FEMALE					
I certify that all of the information is complete and correct, including the birthdate of each athlete and the USA Boxing membership status of each delegation member. I further understand the terms and conditions of the participation of my regional team in this National Championship, and have communicated this information to all team members.					
<i>Signature of Regional Coordinator</i>			<i>Date of Signature</i>		

***The above sheet must be filled out in full. Incomplete forms will not be accepted.***

# 2009 USA Boxing National Championships Regional Checklist Form

## MUST BE RECEIVED BY MAY 1st, 2009

<b>2009 Senior Men and Women Checklist</b>										
USA Boxing National Championships -Denver, Colorado - June 8 - June 13, 2009										
REGION:										
Position	NAME	USA Boxing Non-Athlete Entry Form	USA Boxing Medical Treatment Form	USA Boxing Code of Conduct	Senior Men's Regional Entry Form	Senior Women's Regional Entry Form	Regional Checklist	Regional Travel Spreadsheet	Senior \$200 Security Deposit	2in X 2in Headshot
Regional Coordinator										
WEIGHT	NAME	PASSBOOK CHECKED	PASSBOOK RETURNED TO	USA Boxing Entry Form	USA Boxing Medical Treatment Form	USA Boxing Code of Conduct	USA Boxing Athlete Bio	Drug Testing Notification Form	2in X 2in Headshot	
106 lbs:										
112 lbs:										
119 lbs:										
125 lbs:										
132 lbs:										
141 lbs:										
152 lbs:										
165 lbs:										
178 lbs:										
201 lbs:										
201+ lbs:										
WEIGHT	NAME	PASSBOOK CHECKED	PASSBOOK RETURNED TO	USA Boxing Entry Form	USA Boxing Medical Treatment Form	USA Boxing Code of Conduct	USA Boxing Athlete Bio	Female Acknowledgement Form	Parent Signature Under-18	2in X 2in Headshot
101 lbs:										
106 lbs:										
112 lbs:										
119 lbs:										
125 lbs:										
132 lbs:										
141 lbs:										
152 lbs:										
165 lbs:										
178 lbs:										
178+ lbs:										
Position	NAME	PASSBOOK CHECKED	PASSBOOK RETURNED TO	USA Boxing Non-Athlete Entry Form	USA Boxing Medical Treatment Form	USA Boxing Code of Conduct	USA Boxing Officials Referral	2in X 2in Headshot		
OFFICIAL										
OFFICIAL										
OFFICIAL										
Position	NAME	PASSBOOK CHECKED	PASSBOOK RETURNED TO	USA Boxing Non-Athlete Entry Form	USA Boxing Medical Treatment Form	USA Boxing Code of Conduct	2in X 2in Headshot			
COACH										
COACH										

***The above sheet must be filled out in full. Incomplete forms will not be accepted.***

**2009 USA BOXING NATIONAL CHAMPIONSHIPS**  
**REGIONAL DELEGATION - AIR TRAVEL INFORMATION FORM**

REGION NAME \_\_\_\_\_ # \_\_\_\_\_

**ARRIVAL**

#	NAME	ORIGINATION	DATE	AIRLINE	FLIGHT #	DEPARTURE TIME	ARRIVAL TIME DENVER
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
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17							
18							
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20							
21							
22							
23							
24							
25							

**Must be faxed or emailed to USA Boxing at (719) 632-3426, [amadigan@usaboxing.org](mailto:amadigan@usaboxing.org) BY Friday May 1st, 2008**

**2009 USA BOXING NATIONAL CHAMPIONSHIPS**  
**REGIONAL DELEGATION - AIR TRAVEL INFORMATION FORM**

REGION NAME \_\_\_\_\_ # \_\_\_\_\_

**DEPARTURE**

#	NAME	DATE	AIRLINE	FLIGHT #	DEPARTURE TIME
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
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22					
23					
24					
25					

**Must be faxed or emailed to USA Boxing at (719) 632-3426, [amadigan@usaboxing.org](mailto:amadigan@usaboxing.org) BY Friday May 1st, 2008**

