

NOVICE SAN ANTONIO REGIONAL GOLDEN GLOVES OFFICIAL ENTRY FORM NOVICE

Deadline for Receipt – 2:00 PM Saturday, February 18, 2012
Boys & Girls Clubs - Eastside Branch, San Antonio, TX 78220
Contact: Skip Wilson @(210)843-6558, Tina Korte or Angie Mock @436-0686

PLEASE PRINT

Name of Boxer _____ DOB ____/____/____ Age _____
(Last name), (First Name)

Address _____ City _____ State _____ Zip _____

Phone# _____ Work# _____ Occupation or School _____

Boxing Club's Name _____

Coach's Name _____ Coach's Phone# _____

Number of years boxing _____ years _____ months Number of amateur fights _____

Please complete attached boxer information sheet

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 committees of USA Boxing and all sponsors and venue owners, or the officers, subcommittees, agents, representatives and assigns of these entities, for any injury or damage suffered by me, whether arising from the negligence of the releases or otherwise, during my participation in, and/or arising from traveling to and/or returning from the below listed boxing events.

2012 SAN ANTONIO REGIONAL GOLDEN GLOVES TOURNAMENT

(INCLUDING, BUT NOT LIMITED TO: WEIGH-INS AND ACTUAL TOURNAMENT BOUTS)

I agree to abide by the rules of United States Amateur Boxing and the Boys and Girls Clubs of San Antonio. **If I observe any unusual, significant violations or hazards during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.** 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 such services and is not a waiver by any of said parties of any right or rights hereunder.

I certify that I have 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 this sport (boxing) carries a risk to me of serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize, accept and assume this risk.

(Female boxing only) I further certify that I am not pregnant, or 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), recently developed breast mass, recent breast dysfunction previously not present or surgical breast implants, and have read section 101.9(4) of the USA Boxing Official Rules pertaining to my present physical condition.

Signed _____ Date ____/____/____
Participant's Full Name

Signed _____ Date ____/____/____
Spouse

Signed _____ Date ____/____/____
Parent(s) or Guardian(s)

Signed _____ Date ____/____/____
Boxer's Coach (or other witness)

Signed in the Presence of _____ Date ____/____/____
LBC President/Registration Chair or Sanction Holder

*REQUIRED IF ENTRANT IS UNDER LEGAL AGE (18 Years)

DO NOT WRITE BELOW THIS LINE -- FOR OFFICIAL USE ONLY

STATION I. PHOTOS FOR USA BOXING PASSBOOKS. Only for those needed.

USA BOXING CERTIFICATION AND REGISTRATION.

Boxer's current USA BOXING No.: _____

USA BOXING Official hereby certifies that there are no USA BOXING restrictions to keep this boxer from competing:

Signature of USA BOXING Official

STATION II. INITIAL PROCESSING AND MODIFICATIONS. Circle A or B

- A. Citizenship and age certified by position of current, valid USA BOXING passbook citizenship.
- B. Proof of citizenship established by following methods:

U.S. Citizen? Yes _____

Verified by Official/Certified Copy of (check):
Birth Certificate or Certificate of Nationalization _____; or
Hospital record showing location of birth _____; or,
Baptismal record showing location of birth _____
Verified by Valid Alien Registration Card _____

No _____

Date of Birth: ____/____/____

Age as of December 31, 2012: _____

Verified by Official/Certified Copy of: Driver's License #: _____; and,
Birth Certificate _____; or, Certificate of Nationalization _____; or,
Hospital record showing date of birth _____; or,
Baptismal record showing date of birth _____

Signature of Golden Gloves Official

NAME: _____

TEAM: _____ or Independent _____

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STATION III. PRESS CHECK

Golden Gloves Official certifies that boxer's name and team is on top of this page, that press information is correct and that release forms are signed by the boxer, or his/her parent(s)/guardian(s)

Signature of Golden Gloves Official

STATION IV. GOLDEN GLOVES REGISTRATION

Golden Gloves Official certifies that officials' signatures appear in Section II, III and IV, and that all coaches have a Team Registration form completely filled out.

Signature of Golden Gloves Official

STATION V. WEIGH-INS.

____ Light Fly	108	____ Fly	114	____ Bantam	123		
____ Light	132	____ Light Welter	141	____ Welter	152	____ Middle	165
____ Light Heavy	178	____ Heavy	200	____ Super Heavy	201+		

NOTE: Please advise boxer he/she **must** weigh-in daily, at Tournament and make weight within his/her Weight Division.

Signature of Golden Gloves Official

STATION VI. PHYSICAL EXAMINATIONS.

History:

- | | |
|--|----------------------------------|
| 1. Have you recently been cut while boxing?
If yes, did the Referee stop the fight? | Yes____ No____
Yes____ No____ |
| 2. Have you ever needed any stitches for cuts?
If yes, when? _____ Where? _____ | Yes____ No____ |
| 3. Have you ever been knocked out?
If yes, when? _____ | Yes____ No____ |
| 4. Have you ever noticed any blood in your urine? | Yes____ No____ |
| 5. Have you ever broken (fractured) any bones?
If yes, when? _____ | Yes____ No____ |
| 6. Have you ever been medically disqualified from boxing?
If yes, when? _____
What was the disqualifying injury? _____ | Yes____ No____
Yes____ No____ |

Vital Signs:

Temperature: _____	Pulse: _____	Blood pressure: _____ / _____	
Respiration: _____	Head: _____	Eyes: _____	Ears: _____
Nose: _____	Neck: _____	Lungs: _____	Heart: _____
Abdomen: _____	Genitalia: _____	Upper Extremities: _____	Lower Extremities: _____

Additional comments: _____

Assessment: Medically Qualified: _____ Disqualified: _____

Physician's signature

Date

STATION VII. DRAWMASTER'S TABLE.

Drawmaster certifies that:

All signatures, official signatures are complete for stations V, VI, and VII _____

Entrant is classified as: Open____ Novice____ Sub Novice____

Drawmaster's Signature

STATION VIII. FINAL PROCESSING.

Official's signature appears in Station VIII, and that boxer has received and signed for

One Official Pass _____

Boxer's Signature

Officials Signature

FILE THESE FORMS IN ALPHABETICAL ORDER IN TEAM FOLDER, CHECKING OFF NAME OF TEAM LIST.