



Boxers Name (Print) First, Initial, Last _____

Street _____ City _____ State _____ Zip _____

ADDRESS IS BASED ON YOUR USA BOXING REGISTRATION

Birth date ____/____/____ Phone (____) _____ Gender _____ Male / Female
(Circle one)

MUST PROVIDE PROOF OF US CITIZENSHIP; 5 BOUTS EXPERIENCE REQUIRED FOR AGES 11-16 (NO EXP NEEDED FOR AGES 8-10); MUST HAVE CURRENT PHYSICAL (WITHIN THE LAST 12 MONTHS); MUST HAVE A BRACES RELEASE FORM IF BOXER IS WEARING BRACES; FEMALES MUST HAVE A NON-PREGNANCY FORM

Age determination for boxer in the 8yrs old division will be by date of birth: 8yrs

Age determination FOR BOXER AGES 9-16 will be based on boxers year of birth: 9/10 11/12 13/14 15/16

E-mail: _____ USA BOXING MEMBER IS NUMBER # _____
(membership card must be in boxers current passbook).

WT CLASS ages 8 - 10: 50 55 60 65 70 75 80 85 90 95 101 106 110 114 119 125 132 138 145 154 165 176 176+
WT CLASS ages 11 - 14: 60 65 70 75 80 85 90 95 101 106 110 114 119 125 132 138 145 154 165 176 176+
WT CLASS ages 15 - 16: 90 95 101 106 110 114 119 125 132 138 145 154 165 176 176+

Name of Boxing Club: _____ Phone #: _____

Coach(s) Name: _____ Phone #: _____

Waiver / Warning / Disclaimer

In consideration of your accepting this entry, I, intending to be legally bound, hereby, for myself, my heirs, executors, and administrators, waive and release any and all claims for damages I may have against Golden Gloves of America, its member franchises, United States Amateur Boxing, any sanctioning Local Boxing Committees of USA Boxing, Golden Gloves of Nevada, Barry's Boxing Center, Mesquite Gaming, LLC;RBG LLC dba CasaBlanca Resort & Casino; C&HRV, LLC dba Virgin River Hotel & Casino, 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 event:

2017 JR GOLDEN GLOVES NATIONAL TOURNAMENT – July 19 - July 22 – Mesquite, NV

I agree to abide by the rules of Golden Gloves of America and USA Boxing, I acknowledge that by signing this document, I hereby freely agree to and make the following contractual representations, covenants and agreements to and for the benefit of United States Amateur Boxing (USA Boxing), and sanctioning local boxing committee of USA boxing, Golden Gloves of Nevada, Barry's Boxing Center, Mesquite Gaming, LLC;RBG LLC dba CasaBlanca Resort & Casino; C&HRV, LLC dba Virgin River Hotel & Casino, and all promoters, sponsors, and venue owners with respect to the events, and their respective agents, officers, employees, members and affiliates (collectively, releases). I acknowledge that boxing is an inherently dangerous sport and fully realize the dangers of participating in boxing competition and preparation for the competition, and fully assume the risks associated with such participation, the releases own negligence, and the possibility of serious physical and/or mental trauma, injury, permanent paralysis or death associated with boxing competition. I certify that I have no injuries to my hands, whether fractures, broken bones or otherwise, within three months preceding the dates of this entry form and the events, and have no injuries to the head, concussion, headaches, or fainting spells, and should I experience any of these injuries and conditions in the future, I will immediately notify the officials of the events and cease all participation in the events. For myself, my heirs, executors, administrators, legal representatives, assignees, and successors in interest (collectively, successors) I hereby waive, release, discharge, hold harmless, and promise to indemnify and covenant not to sue the releases from any and all rights and claims including claims arising from releases' own negligence, which I have or which may hereafter accrue to me and from any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of my participation in, or association with the events, or travel to, or return from the events. I agree it is my sole responsibility to be familiar with the facilities for the events, the releases' rules, and any special regulations for the events. I understand and agree that situations may arise during the events which may be beyond the immediate control of releases. I accept responsibility for the condition and adequacy of my competition equipment and physical condition. I assume all responsibility and liability for the selection of the equipment I use in the events and with my ability and physical condition to participate in the events. I understand that drug testing may be conducted for athletes registered for the events and that the use of substances prohibited by releases' rules would make me subject to sanctions including, but not limited to, disqualification and suspension. I agree to be subject to drug testing, if selected, and its sanctions if I fail to comply with the testing or am found positive for the use of a banned substance. I understand and agree that medical or other services rendered to me by or at the insistence of any of the releases is not an admission of liability to provide or continue to provide such services and is not a waiver by any of releases of any right or benefit hereunder. I agree, for myself and my successors, that my representations are contractually binding, and are not mere recitals, and that should I or my successors assert any claim in contravention of this agreement, the asserting party shall be liable for the expenses (including legal fees) incurred by the releases. This agreement may not be modified orally and a waiver of any provision shall not be construed as a modification of any other provision herein or as a consent to any subsequent waiver or modification. Every term and provision of this agreement is intended to be severable. If any one or more of them is found to be unenforceable or invalid, that shall not affect the other terms and provisions, which shall remain binding and enforceable.

Athlete's Signature: _____ **Date:** _____

CONSENT & RELEASE of PARENT / GUARDIAN REQUIRED IF ENTRANT IS UNDER 18 YEARS of AGE

I am the parent or guardian of the above named athlete registrant (child). My child is mentally and physically fit for the events, and I consent to my child's participation. I have read and understand the above entry form and release agreement. In consideration of allowing my child to participate, I consent to it and agree that the above terms likewise bind me, my child, my heirs, legal representatives, and assignees. I hereby release and shall defend, indemnify and hold harmless and covenant not to sue the releases from or as to every claim & any liability that I or my child may allege against the releases (including reasonable attorneys' fees or costs) as direct or indirect result of injury or death to me or my child because of my child's participation in the events, whether caused by the negligence of the releases or others.

Parent / Guardian's Signature: _____ **Date:** _____



TO: 2017 JR Golden Gloves National Championship Participants
FROM: Golden Gloves of Nevada JR Nationals Tournament Committee
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. Please complete and sign the attaches form. Be sure to indicate whether treatment is approved or not approved.

MEDICAL TREATMENT FORM

_____ **I AUTHORIZE** a duly appointed representative of United States Amateur Boxing, Inc., to consent to emergency treatment during my participation in the Jr. Golden Gloves Nationals, a USA Boxing sanctioned event.

_____ **I DECLINE** to authorize consent for emergency medical treatment during my participation in the Jr. Golden Gloves Nationals, a USA Boxing sanctioned event for the following reasons:

_____ Religious

_____ Personal

_____ Other: _____

Print Name: _____ Signed: _____ Date: _____
(Athlete/Participant) (Athlete/Participant)

I am the parent of the above named minor and I have made sure that the above selection has been marked according to my wishes.

Print Name: _____ Signed: _____ Date: _____
(Parent/Guardian) (Parent/Guardian)



Athlete

JR Golden Gloves

Internet Web Page/ Promotional Materials Permission Slip

I give my permission for my child's photo and/or writing to be included on promotional materials for this event such as flyers, posters, video, on the homepage for Barry's Boxing and/or the Jr Golden Gloves Nationals, and on the Barry's Boxing and/or Jr. Golden Gloves Facebook page, the Barry's Boxing twitter account and so forth.

I understand that this document is located on the World Wide Web (WWW) and can be seen throughout the world by people with access to the WWW through the Internet.

Participant's Name: _____

Parent/Legal Guardian Signature: _____

Date: _____



DECLARATION OF NON PREGNANCY FOR GIRLS BOXERS AGED UNDER 18 (EIGHTEEN)

Date: July 19 - 22, 2017

Place: Mesquite, Nevada

Name of Competition: 2017 Junior Golden Gloves Nationals

I, _____, am one of the parents / legal caretaker of _____, *(insert name of the Boxer)* and declare, on her behalf, that she is not pregnant. I understand the seriousness of this statement and accept full responsibility for it. In the case that this declaration is subsequently shown to be inaccurate or untrue and _____, *(insert name of the Boxer)* suffers any related injury or damage during the competition,

I on behalf of _____, *(insert name of the Boxer)*, her heirs, executors and administrators, waive and release any and all claims for damages she may have against USA Boxing (including its officials and employees), the organizers of the competition (including the Organizing Committee and the Host Federation) and the Competition Venue owners for such injury or damage.

Signature of one of the Parents / Legal Caretaker

Acknowledged by

Date: _____

[Signature of the Boxer]

Date: _____