



**2017 JR GOLDEN GLOVES NATIONALS
OFFICIAL NON-ATHLETE ENTRY FORM**

SANCTIONED BY UNITED STATES AMATEUR BOXING

Name _____

Boxing Club/Team Name: _____ E-Mail Address: _____

Address _____

Street City State Zip
Phone () _____ MEMBER ID NUMBER # _____

MUST HAVE A CURRENT MEMBER ID CARD AND PROOF OF CURRENT CERTIFICATION IN YOUR NON-ATHLETE PASSBOOK

BOXERS WHO ACT AS SECONDS IN THE CORNER ARE NOT COACHES AND WILL NEED TO PURCHASE EVENT TICKETS.

Past Yrs attended: 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 (Circle all that apply)

Check one: Official _____ Coach _____

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 incur or might 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; and 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 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 fully understand that I assume all responsibility for any injury or damage that I may incur in this boxing competition. 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 or health condition that prevent me from participating in any capacity which Golden Gloves of America and USA Boxing recognizes as a non-athlete registrant in its official rules and constitution and by-laws.

In addition, I also understand and appreciate that participation in sport 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 _____



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: _____
(Participant) (Participant)

Non-Athlete

JR Golden Gloves Nationals

Internet Web Page/Social Media/Promotional Materials

Permission Slip

<http://www.jrgoldengloves.com>

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

Member or Affiliate's Name: _____

Member or Affiliate's Signature: _____

Date: _____