

Ring of Fire Boxing Club Presents....

2012 NORTHERN CALIFORNIA JR. OLYMPIC CHAMPIONSHIPS

\$15

**General Admission
Under 8 Free**

**Best Bout and Best Boxer
Awards For All Divisions**

**Fill In Bout For All Ages:
Sunday April 22nd**



VENUE
**Ring of Fire
Boxing Club**
180 INDUSTRIAL WAY
BRISBANE, CA 94005



**Novice Division: 4 Bouts & Under
Advancing Open Division: 5 Bouts or More**

**SATURDAY APRIL 21st
3:00 PM**

**SUNDAY APRIL 22nd
2:00 PM**

For More Info Contact:

OSCAR ORTIZ: oscar.tko@sbcglobal.net

MIGUEL RIOS: (415) 990 - 0890
miguel@pinnaclecontracting.org

2012
NORTHERN CALIFORNIA
JUNIOR OLYMPIC CHAMPIONSHIPS
FACT SHEET

DATES/TIMES

Saturday, April 21st @ 3:00PM, & Sunday April 22nd @ 2:00PM

LOCATION:

Ring of Fire Boxing Club 180 Industrial Way Brisbane, CA 94005

WEIGH-INS:

Saturday April 21 9:00AM - 12NOON
Sunday April 22 9:00AM - 11:00AM

**AGE
DETERMINATION:**

For BANTAM (8-10yrs), JUNIOR (11-12 yrs), INTERMEDIATE (13-14 yrs), SENIOR (15-16 yrs) age determination is AUG 1st . For SENIOR (15 -16yrs) age determination is AUG 1, 2012. **15 or 16 years old** on or before Aug 1, 2012.

PASSBOOK:

Must be currently registered. No passbook, new or duplicate, will be issued during the tournamnet.

COACHES:

Must be currently registered and show passbook.

ENTRY FORMS:

Must be completed and mailed to : Oscar Ortiz, 509 Silverado Circle, Fairfield CA 95534. All entry forms must be received no later than Tuesday April 17th 2012. Entry forms may also be walked in at the weigh-ins April 21st 2012.

THE DRAW:

Will be done immediately after the first weigh-ins, Saturday April 21st, at the venue during the 12NOON coaches meeting.

COMPETITION:

Intermediate and Senior Division Championships (open division) will advance to the Regional Championships in Central California.

ENTRY FEE:

\$5.00 per boxer. Applications received without the entry fee **will not** be placed in the draw.

FOR INFO:

Contact Oscar Ortiz @ (707)227 -2108 email: oscar.tko@sbcglobal.net

There will be a limited number of fill in (off tournament) bouts.
For matchmaking contact Miguel Rios (415) 990 -0890.



2012 UNITED STATES Jr. OLYMPIC BOXING CHAMPIONSHIPS OFFICIAL ATHLETE ENTRY FORM

LBC Tournament Sanctioned by USA Boxing NORTHERN CALIFORNIA Association, Inc.
REGIONAL Tournament Sanctioned by USA Boxing CENTRAL CALIFORNIA Association, Inc.
NATIONAL Tournament Sanctioned by USA Boxing _____ Association, Inc.

PLEASE CHECK APPROPRIATE BOX: MALE or FEMALE

NAME _____ Weight Class _____ Your Age as of August 1, 2012 _____

LBC 38 Region Name & No. 11 Birth Date _____

Address _____ Passbook Validation _____
Street City State/Zip 2012

Phone # _____ Cell Phone # _____ Email Address _____ Fax # _____

Personal Coach Name & Phone _____ Your Personal Boxing Club _____

Do you wear Dental Braces? Yes _____ No _____ If yes, you must comply with Article 2, 201.6 (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 BRISBANE, CA Date APRIL 21 22
The United States Amateur Boxing Regional Tournament at _____ Date _____
The United States Amateur Boxing National Tournament at _____ Date _____

I 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 OR 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 _____
Parents(s) Or Guardian(s)

Signed _____ Date _____
Boxer's Coach (or other Witness)

\$5.00 ENTRY FEE PER ATHLETE
TWO (2) COACHES PER CLUB

