Application Information 2017 Junior Olympic Boxing Championships

Local Championships: April 1st & 2nd at California Boxing/MMA 6422-34 Fair Oaks Blvd. Carmichael CA. 95608

Regional Championships: May 6th at Tomas Edison Language Institute 2950 Hurly Way, Arden Arcade CA. 95864

National Championships: June 25th to July 1st Charleston West Virginia

The entry form deadline is Thursday March 30th Drop off Athletes currant book with fit to box certificate, Entry forms and proof of U.S. citizenship. There will be four drop off stations as follows

Sacramento: Caballeros Boxing Gym, 35 Quinta CT. from 4 to 8 pm

Oakland: Kings Gym, 843 35th Ave. from 4 to 8 pm

South San Francisco: Physique Magnifique, 387 Grand Ave. from 4 to 8 pm

Santa Clara: Tactica, 1030 Duane Ave. from 4 to 8 pm

If you prefer to mail applications with athlete's book, mail to Miguel Rios 44 Visitacion Ave. Suite #201 Brisbane CA. 94005

NOTE If you mail in applications make sure I receive before March 30th deadline, if not they will not be accepted

If you have any questions give me a call.

Miguel 415 990-0890

JUNIOR, BANTAM & INTERMEDIATE ATHLETES "MUST HAVE" ITEMS

1. USA BOXING COMPETITION PASSBOOK

IF YOU DO NOT HAVE YOUR PASSBOOK AT REGISTRATION YOU WILL NOT BE ENTERED INTO THE TOURNAMENT DRAW!!

2. PROOF OF U.S. CITIZENSHIP

A COPY OR PICTURE OF YOUR ORIGINAL BIRTH CERTIFICATE OR GOVERNMENT ISSUED U.S. PASSPORT WILL BE ACCEPTED.

3. BOXING EXQUIPMENT

USA BOXING APPROVED HEADGEAR, MOUTHGUARD (NO RED), UNIFORMS, BOXING BOOTS

4. CURANT USA BOXING MEDICAL CERTIFICATE
(FIT TO BOX)

ALL PAPERWORK MUST BE TURNED INTO YOUR REGION REPRESENTATIVE

Gmail

Miguel Rios <miguel@pinnaclecontracting.org>

ages

Miguel Rios <miguel@pinnaclecontracting.org>
To: Miguel Rios <miguel@pinnaclecontracting.org>

Sun, Mar 5, 2017 at 6:15 PM

---------- Forwarded message ----------
From: Ortiz, Oscar <[redacted]>
Date: Wed, Mar 1, 2017 at 3:20 PM
Subject: ages
To: "miguel@pinnaclecontracting.org" <miguel@pinnaclecontracting.org>

Once again USA Boxing is excited to add the Prep National Championships (8-14 year olds) alongside the Junior Olympic National Championships tournament this summer.This joint event will be held in Charleston West Virginia June 25th to July 1st Below is some important general information for prep athletes.

- PeeWee Division: 8-10
  - Athletes must have a minimum of 5 bouts to compete
  - No regional qualifying process. First 32 registrants per division will be accepted.
  - There will be a standalone 8 year old division.
  - 8 year olds must be 8 by the day of competition.
  - 9-10 will go by date of birth
  - 50lb weight class will be the lowest contested weight class. Additional weight classes will be contested in 5lb increments
- Bantam Division: 11-12
  - Athletes must have a minimum of 5 bouts to compete
  - Will follow the traditional JO qualifying process
  - Will go by year of birth
  - 60lb weight class will be the lowest contested weight class. Additional weight classes will be contested in 5lb increments
- Intermediate Division: 13-14
  - Athletes must have a minimum of 5 bouts to compete
  - Will follow the traditional JO qualifying process
  - Will go by year of birth
  - 60lb weight class will be the lowest contested weight class. Additional weight classes will be contested in 5lb in

NOR CAL

USA BOXING

2017 USA Boxing Junior Olympic Boxing Championships

NAME _____Male _____Female_____ (check one)

CIRCLE ONE:

PEE-WEE DIVISION: Ages 8,9,10 (9-10 by date of birth for age determination, 8 vs 10 bouts not allowed).
Weight (circle one) – Any beginning weight with 5 pound increments. **50lbs 55lbs 60lbs 65lbs 70lbs 75lbs 80lbs 85lbs 90lbs 95lbs ____lbs**

Length of rounds: Three (3) one (1) minute rounds, one (1) minute rest between rounds.

BANTAM DIVISION: Ages 11-12 years (by age determination 12/31/17). Winners advance to Regionals vs Central CA. Proof of US Citizenship required.

Weight(circle one) - **60lbs 65lbs 70lbs 75lbs 80lbs 85lbs 90lbs 95lbs 101lbs 106lbs 110lbs 114lbs 110lbs 125lbs 132lbs 138lbs 145lbs**

Length of rounds: Three (3) one (1) minute rounds, one (1) minute rest between rounds.

INTERMEDIATE DIVISION: Ages 13-14 years. (by age determination 12/31/17). Winners advance to Regionals vs Central CA. Proof of US Citizenship required.

Weight(circle one)- **70lbs 75lbs 80lbs 85lbs 90lbs 95lbs 101lbs 106lbs 110lbs 114lbs 119lbs 125lbs 132lbs 138lbs 145lbs 154lbs 165lbs 176lbs 176+lbs**

Length of rounds: Three (3) one and a half (1 ½) minute rounds, one (1) minute rest between rounds.

SENIOR JO DIVISION: Ages 15-16 years (by age determination 12/31/17). Winners advance to Regionals vs Central CA. Proof of US Citizenship required.

Weight(circle one) - **101lbs 106lbs 110lbs 114lbs 119lbs 125lbs 132lbs 138lbs 145lbs 154lbs 165lbs 176lbs 176+lbs**

Length of rounds: Three (3) two (2) minute rounds, one (1) minute round between rounds.

***INTERMEDIATE AND SENIOR DIVISION Boxers must have five (5) recorded bouts in their book. "Walkovers" do not count.**

For newer boxers (less than 5 bouts), if you wish to enter your boxer as a non-advancing entry, check here:

☐ **←-enter "X" here for Non-Advancing (new) boxers …less than 5 bouts**

revised

Rev.03/05/17

JUNIOR ATHLETE ENTRY FORM

Paperwork Deadline:
Thursday MARCH 30TH

2017 USA BOXING JUNIOR OLYMPIC NATIONAL CHAMPIONSHIPS
OFFICIAL ATHLETE ENTRY FORM

LBC Tournament Sanctioned by USA Boxing: _____

REGIONAL Tournament Sanctioned by USA Boxing: _____ Association, Inc.

NATIONAL Tournament Sanctioned by USA Boxing: **USA BOXING NATIONAL OFFICE** Association, Inc.

PLEASE CHECK APPROPRIATE BOX: ☐ MALE ☐ FEMALE

NAME: _____ Weight Class: _____ Your Age As Of December 31, 2017: _____

LBC: _____ Region Name & No.: _____ Birth Date: _____

Address: _____ Passbook Validation: _____
Street *City* *State/Zip* *(2017)*

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

Personal Coach Name & Phone: _____ Your Personal Boxing Club: _____

Do you wear Dental Braces? Yes ☐ No ☐ If yes you must comply with Article 2, 102.6 (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: California Boxing/MMA 6422-34 Fair Oaks Blvd, Carmichael CA. 95608 Date: April 1st & 2nd

The United States Amateur Boxing Regional Tournament at: Tomas Edison Language Institute 2950 Hurley Way, Arden Arcade CA. 95864 Date: May 6th

The United States Amateur Boxing National Tournament at: Charleston West Virginia Date: June 25th to July 1st

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 OF 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: _____
Parent(s) or Guardian(s)

REQUIRED FOR ALL PARTICIPANTS

JUNIOR ATHLETE ENTRY FORM
NOVICE – 4 BOUTS OR LESS

Paperwork Deadline:
March 30, 2017

2017 USA BOXING JUNIOR OLYMPIC NATIONAL CHAMPIONSHIPS
OFFICIAL ATHLETE ENTRY FORM

LBC Tournament Sanctioned by USA Boxing: Association, Inc.

PLEASE CHECK APPROPRIATE BOX: ☐ MALE ☐ FEMALE

NAME: Weight Class: Your Age as Of December 31, 2017:

LBC: Region Name & No.: Birth Date:

Address: Passbook Validation:
Street *City* *State/Zip* *(2017)*

Phone #: Cell Phone #: Fax: Email Address:

Personal Coach Name & Phone: Your Personal Boxing Club:

Do you wear Dental Braces? Yes ☐ No ☐ If yes you must comply with Article 2, 102.6 (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: California Boxing/MMA 6422-34 Fair Oaks Blvd. Carmichael CA. 95608 Date: April 1st & 2nd

The United States Amateur Boxing Regional Tournament at: ***** N/A for Novice **** Date:

The United States Amateur Boxing National Tournament at: **** N/A for Novice**** Date:

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 OF 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:
Parent(s) or Guardian(s)

REQUIRED FOR ALL PARTICIPANTS

USA Boxing, Inc.

2017 USA Boxing Junior Olympic National Championships

Release to Compete With Braces

USA Boxing Rule 102.6 (4) (g) Boxers who wish to compete with braces are required to have attached to their passbooks a completed Release To Compete With Braces form. This form requires the written approval of their dentist, parents and/or guardian (if under 18 years of age) and a dentist-molded mouthpiece. This includes upper and/or lower braces. Boxers competing with braces waive the right to dental coverage under the USA Boxing insurance program.

I understand the above rule and give my permission for _____ to compete in amateur boxing.
(Boxer's name)

Dentist Approval:

_____ _____
Print Name Signature

_____ _____
Date State License Number

Parent or Legal Guardian Approval (if boxer is a minor):

_____ _____ _____
Print Name Signature Date

Athlete:

_____ _____ _____
Print Name Signature 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 prior to competition or 8% pounds within my competition weight for a training camp 30 days out from competition;
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;
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

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 writhing 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.

Participant Name (*Printed*) Date

Participant Name (*Signature*)

2017 USA BOXING JUNIOR OLYMPIC NATIONAL CHAMPIONSHIPS

Name of Event

Witness

Rev.03/05/17 **FORM MUST BE FILLED OUT IN ITS ENTIRETY**

TO: 2017 USA Boxing National Junior Olympic 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) 866-2307 if you have any questions.

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:_____ **Date**: _____
(Athlete Signature)

Signed:_____ **Date**: _____
(Parent/Guardian Signature for athletes under 18 yrs.)

Rev.03/05/17 **FORM MUST BE FILLED OUT IN ITS ENTIRETY**

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

Date:

Place:

Name of Competition:

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

_____

[Signature of the Boxer]

PREP ATHLETES "MUST HAVE" ITEMS

1. USA BOXING COMPETITION PASSBOOK

IF YOU DO NOT HAVE YOUR PASSBOOK AT REGISTRATION YOU WILL NOT BE ENTERED INTO THE TOURNAMENT DRAW!!

2. BOXING EXQUIPMENT

USA BOXING APPROVED HEADGEAR, MOUTHGUARD (NO RED), UNIFORMS, BOXING BOOTS

3. CURANT USA BOXING MEDICAL CERTIFICATE
(FIT TO BOX)

PAPERWORK MUST BE TURNED IN AT REGISTRATION

PREP ATHLETE ENTRY FORM

Paperwork Deadline: March 30th

2017 USA BOXING JUNIOR OLYMPIC NATIONAL CHAMPIONSHIPS
OFFICIAL ATHLETE ENTRY FORM

LBC Tournament Sanctioned by USA Boxing: _____ Association, Inc.

REGIONAL Tournament Sanctioned by USA Boxing: _____ Association, Inc.

NATIONAL Tournament Sanctioned by USA Boxing: **USA BOXING NATIONAL OFFICE** Association, Inc.

PLEASE CHECK APPROPRIATE BOX: ☐ MALE ☐ FEMALE

NAME: _____ Weight Class: _____ Your Age As Of December 31, 2017: _____

LBC: _____ Region Name & No.: _____ Birth Date: _____

Address: _____ Passbook Validation: _____
Street *City* *State/Zip* *(2017)*

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

Personal Coach Name & Phone: _____ Your Personal Boxing Club: _____

Do you wear Dental Braces? Yes ☐ No ☐ If yes you must comply with Article 2, 102.6 (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: California Boxing/MMA 6422-34 Fair Oaks Blvd. Carmichael CA.95608 Date: April 1st & 2nd

The United States Amateur Boxing Regional Tournament at: _____ Date: _____

The United States Amateur Boxing National Tournament at: _____ Date: _____

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 OF 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: _____
Parent(s) or Guardian(s)

REQUIRED FOR ALL PARTICIPANTS

USA Boxing, Inc.

2017 USA Boxing Junior Olympic National Championships

Release to Compete With Braces

USA Boxing Rule 102.6 (4) (g) Boxers who wish to compete with braces are required to have attached to their passbooks a completed Release To Compete With Braces form. This form requires the written approval of their dentist, parents and/or guardian (if under 18 years of age) and a dentist-molded mouthpiece. This includes upper and/or lower braces. Boxers competing with braces waive the right to dental coverage under the USA Boxing insurance program.

I understand the above rule and give my permission for _____ to compete in amateur boxing.
(Boxer's name)

Dentist Approval:

_____ _____
Print Name Signature

_____ _____
Date State License Number

Parent or Legal Guardian Approval (if boxer is a minor):

_____ _____ _____
Print Name Signature Date

Athlete:

_____ _____ _____
Print Name Signature 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:

22. Will act in a manner consistent with the spirit of fair play and responsible conduct;
23. Will recognize, respect and adhere to the authority of USA Boxing's appointed coaches and team leaders;
24. 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;
25. Will comply with USA Boxing and the United States Olympic Committee (USOC) uniform requirements;
26. Will be within 5% pounds of my competition weight prior to competition or 8% pounds within my competition weight for a training camp 30 days out from competition;
27. Will adhere to all curfews established by the team leader or USA Boxing's designee;
28. Will maintain an appropriate level of fitness to promote optimal athletic performance;
29. Will make every effort to perform to the best of my abilities;
30. Will refrain from the use of performance-limiting drugs, including, but not limited to, tobacco and alcohol;
31. 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;
32. Will abide by the policies and rules established by USA Boxing, the USOC and the Association International De Boxe Amateur (AIBA);
33. Will respect others, including my teammates, coaches, competitors, officials and spectators;
34. Will not engage in, nor tolerate, any form of verbal, physical or sexual abuse;
35. Will respect the property of others;
36. Will refrain from profanity and derogatory language that would reflect negatively on myself and USA Boxing;
37. Will refrain from illegal or inappropriate behavior that would detract from a positive image of myself and USA Boxing;
38. Will refrain from engaging in any behavior that could detract from my ability, or my teammates' ability, to perform optimally;
39. 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;
40. 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;
41. Will remember that I am an ambassador for USA Boxing, my country and the Olympic movement; and

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:

4. *Temporary or permanent termination of USA Boxing membership.*

5. *Suspension from USA Boxing activities for a specified period.*

6. *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 writhing 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.

Participant Name (*Printed*) Date

Participant Name (*Signature*)

2017 USA BOXING JUNIOR OLYMPIC NATIONAL CHAMPIONSHIPS

Name of Event

Witness

Rev.03/05/17 **FORM MUST BE FILLED OUT IN ITS ENTIRETY**

TO: 2017 USA Boxing National Junior Olympic 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) 866-2307 if you have any questions.

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:_____ **Date:** _____
(Athlete Signature)

Signed:_____ **Date:** _____
(Parent/Guardian Signature for athletes under 18 yrs.)

Rev.03/05/17 **FORM MUST BE FILLED OUT IN ITS ENTIRETY**

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

Date:

Place:

Name of Competition:

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

_____

[Signature of the Boxer]

OFFICIALS "MUST HAVE" ITEMS

1. PROOF OF 2017 USA BOXING MEMBERSHIP
   USA BOXING BLUE OFFICIAL'S PASSBOOK

2. PROOF OF USAB OFFICIALS CERTIFICATION
   CLINIC INFORMATION: OCN NUMBER, DATE, LOCATION

3. 2017 TOURNAMENT ENTRY FORMS
   NON-ATHLETE ENTRY FORM, OFFICIALS CODE OF ETHICS, CODE OF CONDUCT, OFFICIALS REFFERAL FORM

NON-ATHLETE ENTRY FORM

Name of Competition: 2017 USA BOXING JUNIOR OLYMPIC NATIONAL CHAMPIONSHIPS

Name: **LBC#:** **Region#:**

Address:

Street *City* *State* *Zip*

Phone #: **Validation #:** **Date of Birth:**

(2016)

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**

Rev.03/05/17 **FORM MUST BE FILLED OUT IN ITS ENTIRETY**

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 prior to competition or 8% pounds within my competition weight for a training camp 30 days out from competition;
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;
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:

7. *Temporary or permanent termination of USA Boxing membership.*

8. *Suspension from USA Boxing activities for a specified period.*

9. *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 writhing 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.

Participant Name (*Printed*) Date

Participant Name (*Signature*)

2017 USA BOXING JUNIOR OLYMPIC NATIONAL CHAMPIONSHIPS

Name of Event

Witness

Rev.03/05/17 **FORM MUST BE FILLED OUT IN ITS ENTIRETY**

Official's Code of Ethics

Outlined below is the USA Boxing Official's Code of Ethics. I understand that my compliance with the Code is a requirement for my participation in a USA Boxing event as an Official. An Official is defined as a referee, judge, timekeeper, computer tech, clerk, or weight master. I also recognize that this Code does not establish a complete set of rules that prescribes every aspect of appropriate/inappropriate behavior.

1. I will act in a manner consistent with the spirit of fair play and responsible conduct. Neutrality is of the utmost concern.

2. I will comply 100% with the neutrality rule and not officiate any bout that involves a participant from my current or former Region(s). I must notify the Ring Captain of any conflict so that the next neutral official can take my place. The only person that is authorized to make an exception, and only if there is a shortage of officials, is the Ring Captain. [USA Boxing rule 107.4 (6) Conflict of Interest Rule]

3. I will remove myself from working a bout if I'm assigned to work a bout where a conflict exists such that there is a bias or partiality to any of the participants, i.e., including, but not limited to being related to or having worked in a coaching/training capacity with any of the participants. We **MUST** attempt to avoid any situation where it might **APPEAR** that a boxer has an advantage by your involvement as an official on that bout.

4. If I am related to a boxer or if there is a boxer to whom I am very close that is competing in this event I must eliminate myself from officiating in this boxer's weight class.

5. I am here to work as an Official and only in the capacity of an Official. I will not work as a coach or as a second for the duration of this tournament.

I acknowledge that my failure to comply with the Official's Code of Ethics set forth in this document by USA Boxing may result in my immediate dismissal as an official from this event and that additional disciplinary actions may be applied against me for such inappropriate behavior.

I pledge to uphold the spirit of this Code, which offers a general guide to my conduct as a participant as an Official in this USA Boxing event.

Name (*Printed*) _____ Date _____

Name (*Signature*) _____ Region(s): _____

Name of Event: 2017 USA BOXING JUNIOR OLYMPIC NATIONAL CHAMPIONSHIPS

Officials Referral Form

Date _____ LBC _____

To Chief of Officials for: **2017 USA Boxing Junior Olympic National Championships**

_____

Year / Event

This is to certify that _____ is a Level _____

Official and competent to work the tournament listed above.

_____ I will: _____ _____ _____ _____

2017 USA Boxing Registration # Referee Judge Timer C/T

Last Five Regional or National Events Worked
(Minimum Level II for a National Tournament):

Year	**Event**	**Location**

LBC President: _____

Signature Date

LBC Chief of Officials: _____

Signature Date

Rev.03/05/17 **FORM MUST BE FILLED OUT IN ITS ENTIRETY**