



Athlete Name: _____ Parent Name: _____

Address: _____

Phone number: _____ E-mail address: _____

I give my permission for my child _____ to be an athlete representative on USA Boxing's Athlete Advisory Council. I understand that as an athlete representative, my child will represent the athletes of USA Boxing and will need to travel to Athlete Advisory Council Meetings.

Parent/Guardian signature _____ Date: _____

Athlete's signature _____ Date: _____

Please contact USA Boxing with any questions at (719) 866-2300.