



FEMALE 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 EQUIPMENT

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



WOMEN'S OFFICIAL ATHLETE ENTRY FORM

MUST BE born between the years of 1995-1978.

Therefore, athletes MUST BE between the ages of 17-34 in the year 2012.

2012 UNITED STATES AMATEUR BOXING NATIONAL CHAMPIONSHIPS

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.

NAME: _____ Weight Class: _____ Your Age: _____

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

Address: _____ Passbook Validation: _____
 Street City State/Zip (2012)

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.

Do you have Breast Implants? Yes No If yes please complete the Breast Implant Form.

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: _____ Date: _____

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

The United States Amateur Boxing National Tournament at: **Colorado Springs, CO** Date: **2/26-3/3, 2012**

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

FEMALE ACKNOWLEDGEMENT FORM



United States Amateur Boxing Inc.

Female Athlete Acknowledgement

Name of Event: **2012 USA BOXING National Championships**

Sanctioned by: **USA BOXING NATIONAL OFFICE**

(Section above to be completed by Sanction Holder)

Must be completed and signed by female athletes each time they compete.

Name: _____ LBC Name & #: _____

Address: _____
Street City Zip Code

Birth Date: _____ Passbook Validation #: _____
(2012)

Acknowledgement

I CERTIFY THAT I AM NOT PREGNANT, NOR DO I HAVE ANY PAINFUL PELVIC DISCOMFORT SUCH AS SYMPTOMATIC ENDOMETRIOSIS OR OTHER CAUSES, ABNORMAL VAGINAL BLEEDING OF UNDETERMINED CAUSES (ETIOLOGY), RECENT LOSS OF MENSTRUAL PERIOD (SECONDARY AMENORRHEA), RECENT BREAST BLEEDING, RECENTLY DEVELOPED BREAST MASS, RECENT BREAST DYSFUNCTION PREVIOUSLY NOT PRESENT OR SURGICAL BREAST IMPLANTS, AND HAVE READ SECTION 101.9(4) OF USA BOXING'S OFFICIAL RULES PERTAINING TO MY PRESENT PHYSICAL CONDITION. I FURTHER AGREE THAT I WILL IMMEDIATELY NOTIFY MY COACH, TRAINER OR OTHER LOCAL BOXING OFFICIALS IF ANY OF THE ABOVE DESCRIBED CONDITIONS SHOULD DEVELOP/APPLY.

(SECTION 101.9(4) OF USA BOXING'S OFFICIAL RULES IS INCORPORATED IN THIS ACKNOWLEDGEMENT BY REFERENCE).

I, the undersigned, have read this Acknowledgement.

Signed _____ Date _____
(Participant's Full Name)

Signed _____ Date _____
(Participant's Legal Guardian) *REQUIRED IF ATHLETE IS A MINOR



TO: 2012 USA Boxing National 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) 866-2304 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: _____
(Athlete Signature)

Date: _____

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

Date: _____



USA Boxing, Inc
2012 USA Boxing National Championships

Release to Compete With Orthodontic 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

USA Boxing, Inc

Release To Compete With Breast Implants

Boxers who wish to compete with breast implants are required to have attached to their passbooks a completed Release To Compete With Breast Implants form. This form requires the written approval of their plastic surgeon, their primary care provider and, parent and/or guardian (if under 18 years of age). Boxers competing with breast implants will not be covered under the USA Boxing insurance program for damage to the implants, replacement of same or injury occurring from such damage.

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

Plastic Surgeon Approval:

_____ Print Name	_____ Signature
_____ Date	_____ State License Number

Primary Care Physician Approval:

_____ Print Name	_____ Signature
_____ Date	_____ State License Number

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

_____ Print Name	_____ Signature	_____ Date
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Athlete:

_____ Print Name	_____ Signature	_____ Date
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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;

USA BOXING ATHLETE/NON ATHLETE CODE OF CONDUCT

- 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:

- 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 writing 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*)
2012 USA Boxing National Championships

Name of Event

Witness

2012 USA BOXING NATIONAL CHAMPIONSHIPS ATHLETE BIO FORM

Name: _____ Weight class: _____

Currently reside: _____ Hometown (if different): _____

Birthdate: _____ Height: _____

Coach's name: _____ Club name: _____

When did you start boxing and why: _____

Occupation (if any outside of boxing): _____

Children (if any): _____

Career highlight to this point: _____

What has been your toughest bout to this point and why was it so challenging:

What do you think is your greatest asset in the ring: _____

If you weren't boxing, what would be doing? _____

Who has been your biggest inspiration and why: _____

What motivates you the most: _____

What are five things that most people don't know about you? _____

National Titles Won: _____
