REGISTRATION NUMBER _____

OBA **ONTARIO BOXING ASSOCIATION MEMBERSHIP APPLICATION** 2012

PRINT on this form 3863 Northwood Drive, Niagara Falls, Ont. L2H 2Y5 V905 356 9393

READ THIS!!! ALL THE DETAILS BELOW MUST BE COMPLETED BEFORE SENDING IN THE APPLICATION.... ACCOMPANYING THIS SIGNED & COMPLETED APPLICATION THE FOLLOWING IS NECESSARY TO REGISTER. MISSING ANY OF THE FOLLOWING WILL RESULT IN NON-MEMBERSHIP.

1. **Guardian or Parental signature required for under 18 years of age**. All signatures of applicants &/or guardian agree with the Release & Waiver below..
2. Medical certification accepted **only by a licensed physician** & the medical must be within 60 days from date of registration.
3. The athlete's section must **include the year of any fracture, concussion, sprain or other listings. & explanation of treatment** for any injury.
4. A **birth certificate copy** or a clear copy of a driver's license is accepted. **(THIS IS THE ONLY COPIES PERMITTED)**
5. Send **2 original head photos** no larger than 1 ½" square (3.5 cm square) & current within one year.
6. Send in the fee by **money** order–or certified cheque–or cash.

Fee: $50.00 per category. Registering Sept. 1, til Dec. 1st is $70.00 per category & that will include current year & expiring the next year at Dec. 31st. Renewals begin December 1st for the following year & are $50.00. **No fax copies or copies of any sort are accepted.**

Name_____ Date of Birth_____
First **Last** **Month** **Day** **Year**

Address_____ Home Phone_____

City_____ Cell Phone_____

Postal _____ Citizenship_____ Email_____

Your membership Club: _____ To-days Date _____

Circle one... New or Renewal (send boxing book with renewal) **Circle one.....Male or Female**

Have you been convicted of any sexual interference or assault? Yes No If yes, a police check must accompany this form.
Do you suffer from any disease or communicable disorder? Yes No Provide the medical name_____

CIRCLE YOUR CATEGORY BELOW

Tyke 10 & under
A …….. 11 & 12
B …….. 13 & 14
C …….. 15 & 16
Junior..... 17 & 18
Senior .... 19+

Coach A, B, 3
NCCP #_____*
Official judge / ref
Level _____
Masters_____
Coach, no credits

COMPETITION RECORD

	Win	Loss	XH/Draw	Total
Amateur Boxing				
Professional Boxing				
MMA				
Kick Boxing				
Muay Thai				
_____				

***Send a copy of your coach certification.** **How many years in the gym & in what sport._____**

All combat sport competitors will record their record – total bouts, total wins, total losses, any exhibitions. Failure to do so, will result in discipline & possible membership loss. If you continue to compete in any other combat sport, you must present the office with the date, opponent, & result within 14 days or you WILL lose your membership.

Do you have previous involvement in any other combat sports? Yes No If yes, go to ABOVE & compete your record.

Have you ever suffered a concussion or been knock out? When? Explain event_____

RELEASE AND WAIVER: YOU MUST READ, UNDERSTAND & AGREE WITH THIS WAIVER BEFORE YOU SIGN THIS AGREEMENT

In consideration of membership and permission to participate in boxing granted by me, my son, daughter, ward, by the Ontario Boxing Association, a not-for-profit organization, I hereby release & discharge the Ontario Boxing Association & any of its affiliates, clubs, coaches, officials, members, agents, officers, or employees from any & all claims, actions, judgments and executions which the undersigned's heirs, executors, administrators or assigns may have, or claim to have, for all personal injuries, known or unknown and injuries to property, real or personal, caused by or arising out of the participation in the sports activity of boxing. I, the undersigned fully understand that this sports activity has inherent risks involved and I am fully aware of the nature of these risks, but waive rights, claims, cause of action ect., as heretofore, and do hereby assume the risk. ***I hereby, give my parental/guardianship consent to the listed applicant to box competitively at any events that are arranged by the applicant's coach, club or OBA.***

IN WITNESS WHEREFORE, I AGREE WITH THE WAIVER & ALL THE CONTENTS & HAVE EXECUTED THIS RELEASE AT:

_____, on the _____ day of _____, 2012
(city or town that you filled out this form) (numerical) (month) (year)

_____ _____
Signature of Applicant **Print Witness name**

_____ _____
Signature of Guardian if applicant under 18 years of age **Signature of Witness as named above & must be legal age (18+)**

Office use only Date received_____ Payment_____DEPOSIT #_____ book ID Card sticker page # _____