

**PRINT** 3863 Northwood Drive, Niagara Falls, Ont. L2H 2Y5 V905 356 9393

Fee: \$50.00 per category. Registering in Sept. til Dec. 1st \$70.00 boxer, & that includes current year & ending the next year at Dec. 31st. Renewals begin December 1st for the following year & are \$50.00. No fax copies are accepted.

Name \_\_\_\_\_  
First Last

Date of Birth \_\_\_\_\_  
Month Day Year

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

City \_\_\_\_\_

Email \_\_\_\_\_

Postal \_\_\_\_\_ Citizenship \_\_\_\_\_

Cell Phone \_\_\_\_\_

Your club name \_\_\_\_\_

To-days Date \_\_\_\_\_

Circle one.....MEMBERSHIP New or Renewal

Circle one.....Male or Female

CIRCLE YOUR CATEGORY BELOW

<b>Competitor</b>	<b>Other</b>
Cadet A 11 & 12	Coach Level _____
Cadet B 13 & 14	NCCP # _____
Cadet C 15 & 16	Official _____
Junior 17 & 18	Associate _____
Senior 19+	

COMPETITION RECORD

	Total Bouts	Wins	Losses	Exh/Draws
<b>Amateur Boxing</b>	_____	_____	_____	_____
<b>Professional Boxing</b>	_____	_____	_____	_____
<b>MMA-Mixed Martial Arts</b>	_____	_____	_____	_____
<b>Kick boxing</b>	_____	_____	_____	_____
<b>Muay Thai</b>	_____	_____	_____	_____

All combat sport competitors will record their total bouts. Failure to disclose the exact record will result in discipline & possible membership loss. Do you have previous involvement in karate, ju jitsu, tai kwon do, judo or other like combat sports?

Yes No circle & complete the sentence below.

State sport: \_\_\_\_\_ If you competed, identify your record Total bouts. \_\_\_\_\_ wins \_\_\_\_\_ losses \_\_\_\_\_ demos \_\_\_\_\_ How many years at the sport? \_\_\_\_\_ What city or gym did you participate from: \_\_\_\_\_ City \_\_\_\_\_

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 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 and 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/guardian consent to the listed applicant to box competitively at any events that are arranged by the club or OBA.

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

\_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(city or town) (day eg. 1<sup>st</sup>, 2<sup>nd</sup>, etc.) (month) (year)

Print Witness name

Signature of Applicant

Signature of Witness -must be legal age (18+)

Signature of Parent or Guardian, if applicant under 18 years of age

MAKE CERTAIN THAT ALL THE DETAILS BELOW ARE COMPLETE BEFORE SENDING IN THE APPLICATION

Accompanying this signed & completed application the following is necessary to register.

1. If the boxer is under 18 years of age, the parent or guardian must sign waiver which is signifying approval to box & compete & compliance with the waiver.
2. The medical certification by the doctor must not be older than 60 days.
3. A birth certificate copy or a clear copy of a driver's license is accepted.
4. No photo copies of pictures are allowed - send in 2 head photos current within 12 months - no larger than 1 1/2" x 1 1/2" or passport booth size
5. Send in the fee by money order-or certified cheque-or cash.
6. If the applicant is experienced & has a competition book, it must be sent to the office.

MISSING ANY OF THE ABOVE REQUIREMENTS WILL RESULT IN NON-REGISTRATION & THE FORMS RETURNED TO THE APPLICANT.

Date received \_\_\_\_\_ Payment \_\_\_\_\_ DEPOSIT # \_\_\_\_\_ book ID Card sticker bk# page #