

**USA BOXING METROPOLITAN
2010 JUNIOR OLYMPICS TOURNAMENT**

Please Print or Type All Information

Date _____

Last Name _____ First Name _____

Address _____ City _____

State _____ Zip Code _____ Telephone () _____ - _____

Date of Birth ____/____/____ Age _____ ***NOTE: IF YOU WILL BE 17 BEFORE
8/1/10, YOU ARE A SENIOR BOXER.**

USA Boxing Registration Number: 10 ____ __ __ __ __ 06 ____ Male ____ Female ____

Club _____ Gym Telephone () _____ - _____

Coach _____ Coach Telephone () _____ - _____

Email address _____

AGE AND WEIGHT CLASS (check one):

Bantam (Ages 8-10; Born between 8/1/99 – 8/1/02): Age: ____ Weight: ____

Junior division (Ages 11-12; Born between 8/1/97 – 7/31/99):

60__ 65__ 70__ 75__ 80__ 85__ 90__ 95__ 101__ 106__ 110__ 114__ 119__ 125__
132__ 138__ 145__

NO WEIGHT ALLOWANCES FOR INTERMEDIATES OR SENIORS!

Intermediate division (Ages 13-14; Born between 8/1/95 – 7/31/97):

70__ 75__ 80__ 85__ 90__ 95__ 101__ 106__ 110__ 114__ 119__ 125__ 132__ 138__
145__ 154__ 165__ 176__ 189__ 201__

Senior division (Ages 15-16; Born between 8/1/93 – 7/31/95):

80__ 85__ 90__ 95__ 101__ 106__ 110__ 114__ 119__ 125__ 132__ 138__
145__ 154__ 165__ 176__ 176+__

Senior Female division (Ages 15-16; Born between 8/1/93 – 7/31/95):

80__ 85__ 90__ 95__ 101__ 106__ 110__ 114__ 119__ 125__ 132__ 138__
145__ 154__ 165__ 176__ 189__ 201__ 201+__

(All passbooks must be obtained prior to the night you box - no exceptions.)

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Waiver

I (We), the ___ Parent(s) ___Guardian of _____, the above applicant, hereby consent to the entry of said applicant in the tournament to which this entry form applies and for myself (ourselves), my (our) heirs, executors, administrators, and assigns waive and release any and all right to claim for damages I (we) may or might have against USA Boxing, Incorporated, USA Boxing, Metropolitan Association, and the sponsor(s) of said event, or the officers, subcommittees, agents, representatives and assigns of these entities, for any injuries suffered by entrant during his participation in the Boxoffs, or arising from traveling to and returning from said event.

Waiver Warning

Also, I (we) understand and appreciate that participation in sports carries a risk to the participant of serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize, accept, and assume this risk.

X PARENT/GUARDIAN SIGNATURE _____

Date _____

Participant's Name (Print) _____

I (We) agree to abide by the rules of USA Boxing, Inc. I (We) fully understand that I (we) assume all responsibility for any injury that he/she may incur in this boxing event(s). I (We) understand and agree that medical or other services rendered to entrant by or at the instance of any of the named parties is not an admission of liability to provide or continue to provide any such services and is not a waiver by any of said parties of any right or rights hereunder.

I(We) certify the entrant has not sustained any injury to his hands, consisting of fractures or broken bones, or injuries to his head, including, but not limited to, concussions within three (3) months preceding the date of this consent form, that the entrant has been seen by his physician and deemed to be in good health, and I(we) know of no other injuries that has been sustained which may reoccur in this boxing event.

X PARENT/GUARDIAN SIGNATURE _____

Date _____

Send entries to: Yvonne Williams
177-34 145th Drive
Jamaica, NY 11434

Entries must be postmarked by: April 1, 2010
NO EXCEPTIONS!