



SILVER GLOVES ASSOCIATION
BOXER'S OFFICIAL ENTRY FORM



(MUST BE COMPLETED BY EACH BOXER BEFORE COMPETITION)

WAIVER/WARNING/DISCLAIMER

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 Committees of USA Boxing, State, Regional and National Silver Gloves and all Sponsors and venue owners, or the officers, subcommittees, agents, representatives and assigns of these entities, for any injury or damage suffered by me, whether arising from the negligence of the releases or otherwise, during my participation in and/or arising from traveling to and/or returning from below listed boxing events.

STATE: Old Settler's Recreation Center 1201 E. Louisiana St. McKinney, TX 75069 (December 6th - 9th, 2018)

REGIONAL: North Little Rock Community Center 2700 Willow St. North Little Rock, AR 72114 (January 10th-12th, 2019)

NATIONAL: Independence, MO 64057 (January 30th - February 2nd, 2019)

I agree to abide by the rules of United States Amateur Boxing. If I observe any unusual significant violations or hazards during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately. 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 insistence of any of the named parties in 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 certify that I have 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 official immediately should any of these injuries and conditions be experienced in the future.

In addition, I also understand and appreciate that participation in sport carries a risk to me of serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize and assume this risk.

Contestant's Name (Print): _____ USA Boxing Passbook Member #: _____

Contestant's Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Telephone Number: _____

Parent or Guardian Signature: _____ Email: _____

Coach's Name (Print): _____ Telephone Number: _____

State Team: TEXAS Region: SIX Club Team: _____

<u>AGE CLASSES:</u>	<u>WEIGHT CLASSES:</u> (Open ended bracketing)
8 (Must be 8 before state tournament)	45/50/55/60/65/70/75/80/85/90/95/100 lbs
9-10	60/65/70/75/80/85/90/95/100/105/110/115 lbs
11-12	70/75/80/85/90/95/100/106/112/119/125/132/139/147/156/165/178/201/201+ lbs
13-14	80/85/90/95/100/106/112/119/125/132/139/147/156/165/178/201/201+ lbs

Circle anticipated weight, class, and age class. Age determination is January 1, 2019

ACTUAL WEIGHT: _____ (No Allowances)