PRINT NEATLY 2016

Membership for Coaches, Boxers & Officials REGISTRATION NUMBER B_____

ONTARIO BOXING ASSOCIATION (aka OBA)

7027 Brady Street, Niagara Falls, Ont. L2J 3P1

No Fax Copies accepted
V-905 356 9393

READ THIS!— ONLY ORIGINALS ACCEPTED–NO PHOTO COPIES OR FAXED COPIES. COACHES MUST SUBMIT THEIR PROOF OF COURSE CERTIFICATION WHEN REGISTERING & ANY CHANGES SINCE THE FORMER REGISTRATION. BOXERS INITIAL APPLICATION WILL NOT BE PROCESSED UNLESS IT INCLUDES THE COMPLETED APPLICATION; PHYSICIAN'S MEDICAL WITHIN 60 DAYS OF MEDICAL-NOT ACCEPTED WILL BE A MEDICAL FROM A NURSE PRACTIONER; COMPLETED ATHLETE'S MEDICAL REPORTING ANY INJURY, WITH DATE & RESULTS OF THE INJURY SUCH AS CASTED OR PIN INSERTED; COPY OF BIRTH CERTIFICATE OR DRIVER'S LICENSE & 2 IDENTICAL ORIGINAL HEAD PHOTO PICTURES TAKEN FROM A PHOTO BOOTH FOUND IN LOCAL MALLS.-NOT EXCEEDING 1 ½" X 1 ½", FULL FEE IN CASH; MONEY ORDER OR CERTIFIED CHEQUE. ANY MISSING ITEM, WILL RESULT IN RETURNING THE APPLICATION. IF YOU MAKE ANY UNTRUE STATEMENTS, INCLUDING YOUR PRIOR HISTORY, YOU WILL BE DENIED MEMBERSHIP. IF YOU COMPETE IN ANY COMPETITION OUTSIDE OF BOXING OR OTHER COMBAT SPORTS, YOU MUST PROVIDE THAT INFORMATION TO THE OBA OFFICE WITHIN 5 DAYS OF PARTICIPATION. IF YOU DO NOT ADVISE THE OFFICE, YOU CAN HAVE YOUR MEMBERSHIP TERMINATED. SEE THE CHECK LIST – LINE BELOW

CHECK- DID YOU INCLUDE ? PICS 2 FEE DOCTOR'S MEDICAL ATHLETE MEDICAL COPY OF BIRTH CERT/DRIVERS LIC.

New boxers only - Fee from Oct. 15 yr. 1 to December 31 year 2 is $90.00 ALL "on site' registrations are an extra $30.00
Renewals from Oct. 16, 30 yr 1 to Dec. 31 yr 2 is $60.00 Temp books fee $10.00 when comp book not presented
Incomplete registrations (pics missing etc.) that are completed 'on site' will cost the additional $30.00 as 'on site' registration.

All renewing boxers must send in their competition book when renewing their membership

Name_____ Date of Birth_____
First (the name you are commonly called) Last Month Day Year

Address_____ Home Phone_____

City_____ Cell Phone_____

Postal _____ **Citizenship**_____ Email_____

The club you are affiliated with: _____ To-days Date _____

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

All applicants must CIRCLE THEIR CATEGORY BELOW

Boxer Official Coaching (Training has its own application)
Coach Certificates? No YES (Send copy)
Coaching Association Level_____
Courses taken_____
How many years in the gym? _____

COMPETITION RECORD

SPORT	win	loss	exh/draw	total
Amateur Boxing	____	____	____	____
Pro Boxing	____	____	____	____
Muay Thai or kb	____	____	____	____
Name & list OTHER Combat sport	____	____	____	____

RELEASE AND WAIVER: YOU MUST READ, UNDERSTAND & AGREE WITH THIS WAIVER BEFORE YOU SIGN THIS AGREEMENT-if you choose not to accept the Release & Waiver, your application is denied. The OBA makes no attempt to intimidate any person to sign without their agreement when it is known that this association is not the only boxing association in Ontario or Canada. In consideration of membership and permission to participate in boxing granted by me, my son, daughter, ward, by the Ontario Boxing Association (aka OBA), a not-for-profit organization, I hereby release & discharge the OBA & any of its affiliates, clubs, coaches, officials, members, agents, officers, or employees from any & all claims, actions, judgments & executions which the undersigned, 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 or through advertising or promoting the OBA with the applicant named herein. I, the undersigned fully understand that this sport activity has inherent risks involved & I am fully aware of the nature of these risks, but waive rights, claims, cause of action ect., as heretofore, & do hereby assume the risk. The OBA reserves the right to publish, identify, or photo of any participants & publish their activity to any of the OBA designated sites or advertisers. I, hereby, accept the risks & waive my rights as noted in the release & waiver for myself or charge. As a parent or guardian, I hereby consent to the release & waiver for the applicant to box competitively at any events that are arranged by the applicant's coach, club or OBA.

IF YOU HAVE SUSTAINED CONCUSSIONS OR ANY EFFECT THAT IS A DISABILITY, YOU WILL NOT BE ELIGIBLE TO BOX OR SPAR.
Have you been convicted of a sexual offense? yes no Do you have a communicable disorder or disease? yes no

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

_____, on the _____ day of _____, 201__
(city or town that where you are now signing this form) (number) (month) (year)

Signature of Applicant regardless of age **Print Witness Name – not a relative or spouse – 18+ years old**

Signature of Guardian if applicant under 18 years of age **Signature of Witness as named above (Witness to signature only)**

Office: Received_____Payment_____DEP #_____ BooK ID Card sticker book_____ page # _____