



Membership Application

BOXING CANADA

Registration year : 2020 New Renewal Date : _____

Provincial Association _____ Club: _____

Name : _____ Date of birth: _____

Address : _____

City: _____ Postal Code : _____

Telephone : _____ Aboriginal heritage YES NO

E-mail : _____ Citizenship: _____

Competitor		Other Category	
Initiation	<input type="checkbox"/>	8 & 10	Coach
Junior A	<input type="checkbox"/>	11 & 12	Official
Junior B	<input type="checkbox"/>	13 & 14	Other Non Competitor
Junior C	<input type="checkbox"/>	15 & 16	Associate Member
Youth	<input type="checkbox"/>	17 & 18	Recreational Member
Elite	<input type="checkbox"/>	19 +	
Master	<input type="checkbox"/>	41+	

Level _____
Level _____

Bouts _____ Wins _____ Gender Male Female

(Including kick-boxing and other combat sports)

Date of medical examination: _____

Previous involvement in Professional Boxing or any combat sport: _____

If Yes, explain: _____

Release and Waiver

In consideration of membership and permission to participate in amateur boxing granted me or my son/ daughter/ waerd by the Canadian Amateur Boxing Association, a non-profit corporation, and its affiliated Provincial/ Territorial Sport-Governing bodies, clubs, coaches, officials, members, agents, officers and employees from all claims, actions, judgements and executions which the undersinged's heirs, executors, administrators, or assigns may have, or claim to have, for all personal injuries, know or unknow, and unjuries to property, real or personal, caused by, or arising out of, the participation in the sports activity of amateur boxing. I, the undersinged fully understand that this sport 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 herstofore, and do hereby assume the risk.

I, the undersinged, have read this Release/Waiver and understand all its terms and conditions, I excute it voluntarily and with full knowledge of it significances.

In witness whereof, I have executed this release at _____, on the _____ day of _____ 20 _____

Witnessed

Signature of applicant

Parent or guardian (under 18)

Medical certificate Attached : YES NO