

Boxing BC Association

Boxer Membership Application Form

Complete and forward this form with Boxing Canada Annual Membership Application and Annual Medical Form.

Name _____ Date _____

Address _____

City _____ Prov. _____ PC _____

Phone _____

Email _____

Club _____

Date of Birth _____

Citizenship _____

Gender M / F Weight _____ Height _____

Category

Initiate _____

Junior A _____

Junior B _____

Junior C _____

Youth _____

Elite (Senior) _____

Master (41+) _____

APPLICANT'S SPORT HISTORY

Attach passports or letters of documentation

SPORT	YES	NO	YEAR	BOUTS	WIN	LOSS	TKO	KO
Boxing								
Kick-Boxing								
Other Combat Sport or Martial Arts								

SIGNATURES

Boxer _____

Parent/ Guardian _____ *(if applicant is uner 19 years)*

Coach/ Trainer _____

DO NOT WRITE IN THIS SPACE

Accepted Not Accepted

Reason if not Accepted _____

Boxing BC _____ Date _____