



Membership Application

BOXING CANADA

Registration year : _____ New Renewal Date : _____

Provincial Association _____ Club: _____

Name : _____ Date of birth: _____

Address : _____

City: _____ Postal Code : _____

Telephone : _____ Aboriginal heritage YES NO

E-mail : _____ Citizenship: _____

Competitor

Initiation	<input type="checkbox"/>	8 & 10
Junior A	<input type="checkbox"/>	11 & 12
Junior B	<input type="checkbox"/>	13 & 14
Junior C	<input type="checkbox"/>	15 & 16
Youth	<input type="checkbox"/>	17 & 18
Elite	<input type="checkbox"/>	19 +
Master	<input type="checkbox"/>	41+

Bouts _____

Wins _____

Other Category

Coach	<input type="checkbox"/>	Level _____
Official	<input type="checkbox"/>	Level _____
Other Non Competitor	<input type="checkbox"/>	_____
Associate Member	<input type="checkbox"/>	_____
Recreational Member	<input type="checkbox"/>	_____

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