

**2008 2ND ANNUAL TITLE NATIONAL CHAMPIONSHIPS
ATHLETE REGISTRATION FORM**

BOXER'S NAME _____

AGE _____ BIRTHDATE _____ AGE AS OF JUNE 4TH 2008 _____

WEIGHT CLASS _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____

2008 PASSBOOK REQ # _____

COACH'S NAME _____

2008 PASSBOOK REQ # _____

PHONE _____ GYM _____

E-MAIL _____

DO YOU WEAR DENTAL BRACES? YES ___ NO ___

IF YES, YOU MUST COMPLY WITH ARTICLE 2, 102.6(g) USA BOXING INC. RULES.

(WAIVER/WARNING/RELEASE/COVENANT)

I acknowledge that by signing this document I hereby freely agree to and make the following contractual representations, covenants and agreements to and for the benefit of United States Amateur Boxing (USA BOXING), any sanctioning local boxing committee of USA BOXING and all promoters, sponsors and venue owners, and their respective agents, officers, employees, members and affiliates (COLLECTIVELY RELEASEES). I acknowledge that boxing is inherently dangerous sport and fully realize the dangers of participating in boxing competition and preparation for the competition, and FULLY ASSUME THE RISK ASSOCIATED WITH SUCH PARTICIPATION, THE RELEASEES' OWN NEGLIGENCE, and the possibility of serious physical and/or mental trauma, injury PERMANENT PARALYSIS OR DEATH associated with boxing competition. I CERTIFY THAT I HAVE HAD NO INJURIES TO MY HANDS, weather FRACTURES, BROKEN BONES or otherwise. WITHIN THREE MONTHS PRECEDING THE DATES OF THIS ENTRY FORM and the Events, AND have NO INJURIES TO THE HEAD CONCUSSION, head aches of FAINTING SPELLS, AND SHOULD I experience ANY OF THESE INJURIES AND CONDITIONS IN THE FUTURE I WILL IMMEDIATELY NOTIFY the OFFICIALS of the Events and cease all participation in the Events. For myself, my heirs, executors, administrators, legal representative, assignees, and successors in interest (collectively, successors) I HERBY WAIVE, RELEASE, DISCHARGE HOLD HARMLESS, AND PROMISE TO INDEMNIFY AND covenant NOT TO SUE the Releasees' FROM ANY and all rights and CLAIMS INCLUDING CLAIMS ARISING FROM THE RELEASEES' OWN NEGLIGENCE, which I have or which may hereafter accrue to me and from any and all damages which may be sustained by me directly or indirectly or indirectly in connection with, or arising out of my participation in or association with the Events, or travel to or return from the Events. I agree that it is my sole responsibility to be familiar with the facilitates for the Events, the Releasees' rules, and any special regulations for the Events. I understand and agree that situations may arise during the Events which may be beyond the immediate control of Releasees' I accept responsibility for the condition and adequacy of my competition equipment and physical condition. I assume all responsibility and liability for the selection of the equipment I use in the Events and with my ability and physical condition to participate in the Events. I understand that drug testing may be conducted for athletes registered for the Events and that the use of substances prohibited by Releasees rules would make me subject to sanctions including, but not limited to, disqualification and suspension. I agree to be subject to drug testing if selected, and its sanctions if I fail to comply with the testing or am found positive for the use of a banned substance. I UNDERSTAND AND AGREE THAT MEDICAL OR OTHER SERVICES RENDERED TO ME BY OR AT THE INSISTENCE OF ANY OF THE Releasees IS NOT AN ADMISSION OF LIABILITY TO PROVIDE OR CONTINUE TO PROVIDE such SERVICE AND IS NOT A WAIVER BY ANY OF Releasees OF ANY RIGHT OF benefit HEREUNDER. I agree for myself and my Successors, that my representations are contractually binding, and are not mere recitals, and that should I or my

Successors assert any claim in contravention of this agreement, the asserting party shall be liable for the expenses as a modification of any other provision herein of as a consent to any subsequent waiver or modification. Every term and provision of this agreement is intended to be severable. If any one or more of them is found to be unenforceable or invalid, that shall not affect the other terms and provisions, which shall remain binding and enforceable.

Signed _____ Date _____
(Participant's Full Name)

Signed _____ Date _____
(Parent/Guardian [If participant is under 18 years of age])

Female Acknowledgement

I CERTIFY THAT I AM NOT PREGNANT, OR HAVE ANY PAINFUL PELVIC DISCOMFORT SUCH AS SYMPTOMATIC ENDOMETRIOSIS OR OTHER CAUSES, ABNORMAL VAGINAL BLEEDING OF UNDETERMINED CAUSES (ETIOLOGY), RECENT LOSS OF MENSTRUAL PERIOD (SECONDARY AMENORRHEA), RECENT BREAST BLEEDING, RECENTLY DEVELOPED BREAST MASS, RECENT BREAST DYSUNCTION PREVIOUSLY NOT PRESENT OR SURGICAL BREAST IMPLANTS, AND HAVE READ SECTION 101.9(4) OF USA BOXING'S OFFICIAL RULES PERTAINING TO MY PRESENT PHYSICAL CONDITION. I FURTHER AGREE THAT I WILL IMMEDIATELY NOTIFY MY COACH, TRAINER OF OTHER LOCAL BOXING OFFICIALS IF ANY OF THE ABOVE DESCRIBED CONDITIONS SHOULD DEVELOP/APPLY AND WILL IMMEDIATELY DISQUALIFY MYSELF AND CEASE PARTICIPATION IN THE ABOVE EVENT.

(SECTION 101.9(4) OF USA BOXING'S OFFICIAL RULES IS INCORPORATED IN THIS ACKNOWLEDGEMENT BY REFERENCE).

Signed _____ Date _____
(Participant's Full Name)

Signed _____ Date _____
(Parent/Guardian [If participant is under 18 years of age])

Consent to Medical Treatment of Minors

I _____ the parent/guardian of _____
(Parent/Guardian's Full Name) (Participant's Full Name)

hereby authorize a representative of the 2nd Annual TITLE National Boxing championships to provide medical treatment to my child if I am not present, while participating in this tournament.

Signed _____ Date _____
(Parent/Guardian)

Please mail all completed registration forms and entry fees (\$10 before May 10, \$15 after May 10, payable to John Bryant) to:

**TITLE Tournament
C/O John Bryant
P.O. Box 1454
Olive Branch, MS 38654**

**2008 2ND ANNUAL TITLE NATIONAL CHAMPIONSHIPS
ATHLETE REGISTRATION FORM**

AGES & WEIGHT CLASSES
Please circle appropriate division and weight.

Age determination is based on boxer's age as of June 4th, 2008.

All open class boxers must have 5 recorded bouts in their passbook.

Uncontested and walkover bouts do not count.

Novice boxers can not have more than 10 recorded bouts in their passbook.

Uncontested and walkover bouts do not count.

Men's Open (17-34) 106 112 119 125 132 141 152 165 178 201 201+

Men's Novice (17-34) 106 112 119 125 132 141 152 165 178 201 201+

Boys Open (15-16) 80 85 90 95 100 106 112 119 125 132 141 165 178 201 201+

Boys Novice (15-16) 80 85 90 95 100 106 112 119 125 132 141 165 178 201 201+

Boys Open (13-14) 75 80 85 90 95 100 106 112 119 125 132 152 165 178 201 201+

Boys Novice (13-14) 75 80 85 90 95 100 106 112 119 125 132 141

Boys Open (11-12) 60 65 70 75 80 85 90 95 100 106 112 119 125 132 141

Boys Novice (11-12) 60 65 70 75 80 85 90 95 100 106 112 119 125 132 141

Boys Open (9-10) 50 55 60 65 70 75 80 85 90 95 100 105 110 115 120 125 130

Boys Novice (9-10) 50 55 60 65 70 75 80 85 90 95 100 105 110 115 120 125 130

Women's Open (17-34) 101 106 110 114 119 125 132 138 145 154 165 176 189 189+

Girls Open (15-16) 80 85 90 95 101 106 110 114 119 125 132 138 145 154 165 176 189 189+

Girls Open (13-14) 70 75 80 85 90 95 101 106 110 114 119 125 132 138 145 154

Girls Open (11-12) 60 65 70 75 80 85 90 95 101 106 110 114 119 125 132 138

Girls Open (9-10) 50 55 60 65 70 75 80 85 90 95 101 106 110 114 119 125 130