BOXING ALBERTA

REGISTRATION 2018

CLUB REGISTRATION **Fee $200**

COMPETITORS **Fee $75**

A current medical form is required and a copy attached to their Passbook.

COACHES,OFFICIALS **Fee $75**

TO REGISTER FOR 2018 A CURRENT CRIMINAL RECORD CHECK INCLUDING VULNERABLE SECTOR IS MANDATORY.BOXING ALBERTA CONSIDERS THESE VALID FOR 5 YEARS FROM COMPLETION DATE.

RECREATIONAL MEMBERS **Fee $10**

All forms required to be complete and totally legible.

Registrations accepted e-mail only if a proper scan (a pdf).

Cheques made out to **Boxing Alberta**

Box 898,Redcliff AB T0J 2P0

HOME 403 548-6627 **FAX 403 548-2647**

E-MAIL rosemary.boxingab@gmail.com

BOXING ALBERTA

CLUB INFORMATION SHEET

CLUB NAME: _____

MAILING ADDRESS; _____

_____

CITY _____ POSTAL CODE _____

CONTACT PERSON: _____

PHONE #'S: (HOME) _____ (CELL) _____

(FAX) _____

(E-MAIL) _____

CLUB PHONE #: _____

CLUB FAX #: _____

CLUB E-MAIL: _____

COACH: _____ LEVEL __

COACH: _____ LEVEL ___

COACH: _____ LEVEL ___

**NOTE.... PLEASE PRINT LARGE AND CLEAR

Membership Application
BOXING CANADA

CANADA

Registration year: _____ New ☐ Renewal ☐ Date: _____

Provincial Association: Club:

Name: _____ Date of birth: _____ _____ _____
Day Month Year

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Aboriginal heritage: YES ☐ NO ☐

E-mail: _____ Citizenship: _____

Competitor

Initiation	☐	8-10
JuniorA	☐	11&12
JuniorB	☐	13&14
JuniorC	☐	15&16
Youth	☐	17&18
Elite	☐	19+

Other Category

Coach	☐	Level _____
Official	☐	Level _____
Other Non Competitor	☐	
Associate Member	☐	
Recreational Member	☐	

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 to me or my son/daughter/ward by the Canadian Amateur Boxing Association, a non-profit corporation, and its affiliated provincial/territorial sport governing bodies, club, coaches, officials, members, agents, officers and employees, I hereby agree to indemnify and hold harmless the Canadian amateur boxing association from all claims, actions, judgements and executions which the 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 sport of amateur boxing. I fully understand that this sport has inherent risks involved. I am fully aware of the nature of these risks and hereby accept them.

I have read this release/waiver and understand its terms and conditions. I execute it voluntarily and with full knowledge of its signification.

In witness whereof, I have executed this release at

_____, on the _____ day of _____ 20 _____

Witnessed

_____ _____
Signature of Applicant

_____
Parent or Guardian, if athlete under legal age

Medical certificate attached: YES NO

Boxing Canada Medical Form

Athletes Information To be filled out by a **Licensed Medical Physician Only (MD)**. Please print clearly.

CANADA

Name_____ Date of Birth_____

Address_____ City_____ Province ___ Postal Code_____

Telephone Number_____ Email Address_____ Club_____

Please note that medical forms submitted to Boxing Canada that are dated 3 months or over will not be accepted!

Weight_____ **Height** _____ **Expiration**_____ **Inspiration** _____
(Chest dimension)

Vision: Right Eye_____/_____ Left Eye _____/_____

Urinalysis: Sugar _____ Protein _____ Blood _____

Concerns Past or Present	Yes	No	Comments
Seizure activity in last 3 years, intracranial mass lesions or bleeding			
Psychiatric disturbances, drug or alcohol abuse			
Number of Concussions and any unresolved post-concussion symptoms			
Refractive and intraocular surgery, cataract, retinal detachment			
Deafness (Not a contraindication to boxing but officials need to be aware)			
Uncontrolled diabetes mellitus or thyroid conditions			
Significant congenital/acquired cardiovascular and pulmonary abnormalities, Implantable device altering physiologic process			
Hepatomegaly, splenomegaly, ascites			
Musculoskeletal deficiencies			
Acute and chronic infections e.g. HIV, Hepatitis B/C infection			
Severe blood disorders, sickle cell disease/trait			

Female Specific (Please note that confirmed pregnancy disqualifies from Boxing)

Concerns Past or Present	Yes	No	Comme
Are there breast lesions, bleeding, masses, prosthesis, other dysfunction, or pain?			
Is there any abnormality in menstrual pattern? Amenorrhea?			
Lower pelvic pains? Pregnancy?			

Clinical Examinations	Normal	Abnormal	Comments
Myopia of more than -3.50 diopters, recorded visual acuity of uncorrected worse than 20/200 and corrected worse than 20/60			
Exposed open infected skin lesions disease			
Eye, ears, nose, throat exam			
Neurological – cranial nerves, tremors, locomotor impairment, dysarthria, balance, reflexes			
Cardiovascular – tachycardia, dysrhythmia, systolic/diastolic murmurs			
Respiratory – acute/chronic infection or dyspnea			
Abdomen – hernias, masses, deformities, tenderness, scars			
Musculoskeletal – congenital/acquired deformities, ROM, stiffness			

I _____ *certify that* _____
(Licensed Medical Physician (MD) Name) *(Athletes Name)*

IS FIT / IS NOT FIT *(please circle one) to engage in Boxing.*

Physicians Signature_____ **License #**_____ **Date Medical Conducted**_____/_____/_____
Day Month Year

Address: _____ **Telephone Number**_____ **Fax Number**_____

Boxing Canada Applicant Signature_____ Date _____
(Parental/Guardian signature if applicant is age 17 and under)