

BOXING BC ASSOCIATION

Initial Membership Application for Boxers

Each question must be truthfully responded to. There will be no excuse for omissions. Failure to submit this form with the Boxing Canada membership and medical forms and applicable fee will render the application unacceptable.

NAME _____ DATE _____

ADDRESS _____

TELEPHONE (____) _____ DATE OF BIRTH ____/____/____
DAY MO YEAR

CLUB _____

WEIGHT _____ HEIGHT _____ CATEGORY: CADET A _____
 CADET B _____
 GENDER: MALE _____ FEMALE _____ CADET C _____
 JUNIOR _____
 BC CARE CARD # _____ SENIOR _____

CITIZENSHIP _____ EMAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

APPLICANT'S SPORT HISTORY

Attach passports or letters of documentation

SPORT	YES	NO	YEARS	BOUTS	WIN	LOSS	RSC	RSC-H	KO
BOXING	___	___	___	___	___	___	___	___	___
KICK-BOXING	___	___	___	___	___	___	___	___	___
OTHER MARTIAL ARTS OR COMBAT SPORTS	___	___	___	___	___	___	___	___	___

SIGNATURES

BOXER APPLICANT _____

PARENT/GUARDIAN _____ (if applicant is under 19 years)

COACH / TRAINER _____

DO NOT WRITE IN THIS SPACE

ACCEPTED _____ NOT ACCEPTED _____

REASON IF NOT ACCEPTED _____

REGISTRAR _____ DATE ____/____/____