



# Membership Application

Alberta Amateur  
Boxing  
Association

Boxing Nova  
Scotia

Boxing Ontario

Boxing BC

Fédération  
québécoise de  
boxe olympique

Manitoba Amateur  
Boxing  
Association

New Brunswick  
Amateur Boxing  
Association

Boxing  
Newfoundland &  
Labrador

Prince Edward  
Island Amateur  
Boxing  
Association

Boxing  
Saskatchewan

Yukon Amateur  
Boxing  
Association

Registration year: \_\_\_\_\_ New application \_\_\_\_\_ Renewal \_\_\_\_\_ Date \_\_\_\_\_

Provincial Association \_\_\_\_\_ Club \_\_\_\_\_

Name \_\_\_\_\_  
(Given Name) (Family Name)

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Day Month Year

S.I.N. \_\_\_\_\_ Prov. Health Ins. \_\_\_\_\_

Citizenship \_\_\_\_\_ 1st Official language English \_\_\_ French \_\_\_

Competitor	OR	Other Category
Cadet A _____ 11 & 12		Coach _____ Level _____
Cadet B _____ 13 & 14		Official _____ Level _____
Cadet C _____ 15 & 16		Other Non- Competitor _____
Junior _____ 17 & 18		Associate Member _____
Senior _____ 19 +		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:

NO \_\_\_\_\_ YES \_\_\_\_\_ if yes explain \_\_\_\_\_

## Release and Waiver

In consideration of membership and permission to participate in amateur boxing granted me or my son / daughter / ward by the Canadian Amateur Boxing Association, a non-profit corporation, and its affiliated Provincial / Territorial Sport-Governing Body, I hereby release and discharge the Canadian Amateur Boxing Association, its affiliated Provincial/Territorial Sport-Governing bodies, clubs, coaches, officials, members, agents, officers, and employees 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 sports activity of amateur boxing. I, the undersigned 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 heretofore, and do hereby assume the risk.

I, the undersigned, have read this Release / Waiver and understand all its terms and conditions, I execute it voluntarily and with full knowledge of its significances.

IN WITNESS WHEREOF, I have executed this release at

\_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Place

Witnessed

\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant

Parent or Guardian, if athlete under legal age