

**USA BOXING METROPOLITAN  
2010 JUNIOR OLYMPICS TOURNAMENT**

Please Print or Type All Information

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ **\*NOTE: IF YOU WILL BE 17 BEFORE  
8/1/10, YOU ARE A SENIOR BOXER.**

USA Boxing Registration Number: 10 \_\_\_\_ \_\_ \_\_ \_\_ \_\_ 06 \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Club \_\_\_\_\_ Gym Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_

Coach \_\_\_\_\_ Coach Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_

Email address \_\_\_\_\_

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**AGE AND WEIGHT CLASS (check one):**

**Bantam (Ages 8-10; Born between 8/1/99 – 8/1/02):** Age: \_\_\_\_ Weight: \_\_\_\_

**Junior division (Ages 11-12; Born between 8/1/97 – 7/31/99):**

60\_\_ 65\_\_ 70\_\_ 75\_\_ 80\_\_ 85\_\_ 90\_\_ 95\_\_ 101\_\_ 106\_\_ 110\_\_ 114\_\_ 119\_\_ 125\_\_  
132\_\_ 138\_\_ 145\_\_

**NO WEIGHT ALLOWANCES FOR INTERMEDIATES OR SENIORS!**

**Intermediate division (Ages 13-14; Born between 8/1/95 – 7/31/97):**

70\_\_ 75\_\_ 80\_\_ 85\_\_ 90\_\_ 95\_\_ 101\_\_ 106\_\_ 110\_\_ 114\_\_ 119\_\_ 125\_\_ 132\_\_ 138\_\_  
145\_\_ 154\_\_ 165\_\_ 176\_\_ 189\_\_ 201\_\_

**Senior division (Ages 15-16; Born between 8/1/93 – 7/31/95):**

80\_\_ 85\_\_ 90\_\_ 95\_\_ 101\_\_ 106\_\_ 110\_\_ 114\_\_ 119\_\_ 125\_\_ 132\_\_ 138\_\_  
145\_\_ 154\_\_ 165\_\_ 176\_\_ 176+\_\_

**Senior Female division (Ages 15-16; Born between 8/1/93 – 7/31/95):**

80\_\_ 85\_\_ 90\_\_ 95\_\_ 101\_\_ 106\_\_ 110\_\_ 114\_\_ 119\_\_ 125\_\_ 132\_\_ 138\_\_  
145\_\_ 154\_\_ 165\_\_ 176\_\_ 189\_\_ 201\_\_ 201+\_\_

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(All passbooks must be obtained prior to the night you box - no exceptions.)

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**Waiver**

I (We), the \_\_\_ Parent(s) \_\_\_Guardian of \_\_\_\_\_, the above applicant, hereby consent to the entry of said applicant in the tournament to which this entry form applies and for myself (ourselves), my (our) heirs, executors, administrators, and assigns waive and release any and all right to claim for damages I (we) may or might have against USA Boxing, Incorporated, USA Boxing, Metropolitan Association, and the sponsor(s) of said event, or the officers, subcommittees, agents, representatives and assigns of these entities, for any injuries suffered by entrant during his participation in the Boxoffs, or arising from traveling to and returning from said event.

**Waiver Warning**

Also, I (we) understand and appreciate that participation in sports carries a risk to the participant of serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize, accept, and assume this risk.

**X PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

Date \_\_\_\_\_

Participant's Name (Print) \_\_\_\_\_

I (We) agree to abide by the rules of USA Boxing, Inc. I (We) fully understand that I (we) assume all responsibility for any injury that he/she may incur in this boxing event(s). I (We) understand and agree that medical or other services rendered to entrant by or at the instance of any of the named parties is not an admission of liability to provide or continue to provide any such services and is not a waiver by any of said parties of any right or rights hereunder.

I(We) certify the entrant has not sustained any injury to his hands, consisting of fractures or broken bones, or injuries to his head, including, but not limited to, concussions within three (3) months preceding the date of this consent form, that the entrant has been seen by his physician and deemed to be in good health, and I(we) know of no other injuries that has been sustained which may reoccur in this boxing event.

**X PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

Date \_\_\_\_\_

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Send entries to: Yvonne Williams  
177-34 145<sup>th</sup> Drive  
Jamaica, NY 11434

Entries must be postmarked by: April 1, 2010  
**NO EXCEPTIONS!**