



Boxing Canada (CABA)



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
Cadet B _____ 13 & 14
Cadet C _____ 15 & 16
Junior _____ 17 & 18
Senior _____ 19 +

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:

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

Provincial Registrar: _____

Medical Certificate Attached Yes No