



Membership Application BOXING 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	\$50	<input type="checkbox"/>	8-10
Junior A	\$50	<input type="checkbox"/>	11&12
Junior B	\$50	<input type="checkbox"/>	13&14
Junior C	\$50	<input type="checkbox"/>	15&16
Youth	\$50	<input type="checkbox"/>	17&18
Elite	\$90	<input type="checkbox"/>	19+

Bouts _____ Wins _____

(Including kick-boxing and other combat sports)

Other Category

Coach	\$55	<input type="checkbox"/>	Level _____
Official		<input type="checkbox"/>	Level _____
Other Non Competitor	\$25	<input type="checkbox"/>	
Associate Member	\$25	<input type="checkbox"/>	
Recreational Member	\$35	<input type="checkbox"/>	

Sex: Male Female

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 Manitoba Consent and Waiver

<http://boxingmanitoba.com>
<http://www.facebook.com/BoxingManitoba>
@BoxingManitoba



CONSENT FOR USE OF PERSONAL INFORMATION AND PHOTO RELEASE

I, the participant and/or parent/guardian, authorize Boxing Canada and Boxing Manitoba to collect and use personal information about me or my child/ward for the purpose of receiving communications from Boxing Canada and Boxing Manitoba and posting articles of interest, newsletters, promotions, statistics, images and results on Boxing Canada and Boxing Manitoba's website. Furthermore, I, the participant and/or parent/guardian, grant permission to Boxing Canada and Boxing Manitoba to photograph and/or record my or my child/ward's image and/or voice on still or motion picture film and/or audio tape, and to use this material to promote Boxing Canada and Boxing Manitoba through the media of newsletters, websites, television, film, radio, print and/or display form. I understand that the audio/visual material and copyright will remain the sole property of Boxing Canada and Boxing Manitoba and I waive any claim to remuneration for use of audio/visual materials used for these purposes. I understand that I may withdraw such consent at any time by contacting Boxing Canada's and/or Boxing Manitoba's Privacy Officer. The Privacy Officer will advise the implications of such withdrawal. We do not sell or distribute your personal information to any other third party not listed herein.

Signature of Participant
OR Parents'/Guardians' (if participant is under 18)

Date

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

By signing this document you will waive certain legal rights, including the right to sue. **Please read carefully.** This is a binding legal agreement. As a Participant in the competitions, programs, activities and events of the Canadian Amateur Boxing Association, Boxing Manitoba and the undersigned acknowledges and agrees to the following terms:

Description of Risks

1. In consideration of my participation in the competitions, programs, activities and events of the Canadian Amateur Boxing Association and Boxing Manitoba, I hereby acknowledge that I am aware of the risks and hazards associated with or related to any such competitions, programs, activities and events. The risks and hazards include, but are not limited to, injuries from:

a) Physical contact with the instructor, students or other participants; b) Striking students, participants, objects or equipment; c) Being struck by the instructor, students, participants, objects or equipment; d) Contact, colliding, falling or being struck by other participants, spectators or equipment; e) Executing strenuous and demanding physical techniques; f) Vigorous physical exertion, strenuous cardiovascular workouts, rapid movements and quick turns and stops; g) Exerting and stretching various muscle groups; h) Dry land training including weights, running, circuit training and massage; i) Extreme weather and temperature conditions, which may result in heatstroke, sunstroke or hypothermia; j) Falling or colliding with the ring, walls, stands, equipment or with other participants; k) Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment; l) Spinal cord injuries, which may render me permanently paralyzed; m) Travel to and from competitive events and associated non-competitive events, which are an integral part of Boxing Manitoba's competitions, programs, activities, and events.

2. Furthermore, I am aware:

a) That injuries sustained can be severe; b) That I may experience anxiety while challenging myself during the activities, events and programs; c) That I may come into close contact with other participants; d) That my risk of injury is reduced if I follow all rules established for participation; and e) That my risk of injury increases as I become fatigued.

Release of Liability and Disclaimer

3. In consideration of the Canadian Amateur Boxing Association and Boxing Manitoba allowing me to participate, I agree:

a) That my physical condition has been verified by a medical doctor within the last six (6) months; b) To assume all risks arising out of, associated with or related to my participation and am fully aware of the nature of these risks; c) To be solely responsible for any injury, loss or damage that I might sustain while participating; and d) To RELEASE and DISCHARGE the Canadian Amateur Boxing Association and Boxing Manitoba collectively its respective directors, officers, committee members, clubs, members, employees, coaches, volunteers, officials, judges, participants, agents and representatives from any and all liability, for any and all claims, demands, actions, judgments, executions and costs that might arise out of my participating, even though any such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by any manner whatsoever, including but not limited to, the negligence of the Canadian Amateur Boxing Association or Boxing Manitoba.

Acknowledgement

4. I acknowledge that I have read and understand this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon my heirs, my executors, administrators, representatives and myself.

Signature of Participant
OR Parents'/Guardians' (if participant is under 18)

Date

BOXING MANITOBA CODE OF CONDUCT

Pursuant to the Code of Conduct Policy adopted May 2009 and last revised August, 2018 available at www.boxingmanitoba.com. The **Code of Conduct Policy** of Boxing Manitoba is a statement of ethics and detailed policies. The aim of the Code of Conduct is to make boxing more enjoyable, healthy and worthwhile activity for all participants. The undersigned understands and agrees to abide by the contents of the Code of Conduct available at www.boxingmanitoba.com.

Signature of Participant
OR Parents'/Guardians' (if participant is under 18)

Date

Send to: Boxing Manitoba, 421-145 Pacific Avenue, Winnipeg MB, R3B 2Z6, v 204.925.5658, f 204.925.5792

Send e-transfers to info@boxingmanitoba.com and include name and what payment is for in memo.