



## 2010 JUNIOR GOLDEN GLOVES NATIONALS OFFICIAL NON-ATHLETE ENTRY FORM

SANCTIONED BY UNITED STATES AMATEUR BOXING

Name \_\_\_\_\_ LBC \_\_\_\_\_ Franchise \_\_\_\_\_

Boxing Club/Team Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip  
Phone ( ) Validation # \_\_\_\_\_ Past Years attended: 2007 2008 2009  
(Circle all that apply)

Check one: Official \_\_\_\_\_ Coach \_\_\_\_\_ Other, please state \_\_\_\_\_

### WAIVER/WARNING

In consideration of your accepting this entry, I hereby, for myself, my heirs, executors, administrators and assigns waive and release any and all rights to any claim for damages I may incur or might have against Golden Gloves of America, its member franchises, United States Amateur Boxing, any sanctioning Local Boxing Committees of USA Boxing, Golden Gloves of Nevada, Barry's Boxing Center, Black Gaming, LLC; RBG LLC dba CasaBlanca Resort & Casino; and CasaBlanca Resorts LLC dba Oasis Resort & CasinoBWW, and all sponsors and venue owners, or the officers, sub-committees, agents, representatives and assigns of these entities, for any injury or damage suffered by me during my participation in, and/or, arising from traveling to and/or returning from the 2010 Junior Golden Gloves National Tournament – July 21-July 25 – Mesquite, NV.

I agree to abide by the rules of Golden Gloves of America and USA Boxing. I fully understand that I assume all responsibility for any injury or damage that I may incur in this boxing competition. I understand and agree that medical or other services rendered to me by or at the insistence 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 certify that I have no injuries or health condition that prevent me from participating in any capacity which Golden Gloves of America and USA Boxing recognizes as a non-athlete registrant in its official rules and constitution and by-laws.

In addition, I also understand and appreciate that participation in sport carries a risk to me of serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize, accept and assume this risk.

Signed \_\_\_\_\_ Date \_\_\_\_\_



TO: 2010 Junior Golden Gloves National Championship Participants  
FROM: Golden Gloves of Nevada Junior Nationals Tournament Committee  
SUBJECT: Medical Treatment Form

United States Amateur Boxing's insurance company requires a signed medical treatment form either authorizing emergency medical treatment or not authorizing medical treatment for all participating individuals. Participants under 18 years of age, are required to have parental / guardian signatures. Please complete and sign the attaches form. Be sure to indicate whether treatment is approved or not approved.

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## MEDICAL TREATMENT FORM

\_\_\_\_\_ **I AUTHORIZE** a duly appointed representative of United States Amateur Boxing, Inc., to consent to emergency treatment during my participation in the Junior Golden Gloves Nationals, a USA Boxing sanctioned event.

\_\_\_\_\_ **I DECLINE** to authorize consent for emergency medical treatment during my participation in the Junior Golden Gloves Nationals, a USA Boxing sanctioned event for the following reasons:

\_\_\_\_\_ Religious

\_\_\_\_\_ Personal

\_\_\_\_\_ Other: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Participant Signature)

Date: \_\_\_\_\_

## **Non-Athlete**

### **Junior Golden Gloves Nationals**

#### **Internet Web Page/Promotional Materials Permission Slip**

<http://www.juniorgoldengloves.com>

I give my permission for my photo and/or writing to be included on promotional materials for this event such as posters, and flyers, and on the homepage for the Junior Golden Gloves Nationals. I understand that this document is located on the World Wide Web (WWW) and can be seen throughout the world by people with access to the WWW through the Internet.

Member or Affiliate's Name: \_\_\_\_\_

Member or Affiliate's Signature: \_\_\_\_\_

Date: \_\_\_\_\_