



Boxing Canada (CABA)



Membership Application

Alberta Amateur
Boxing
Association *

Registration year: _____ New application _____ Renewal _____ Date _____

Boxing Nova
Scotia

Provincial Association _____ Club _____

*

Name _____
(Given Name) (Family Name)

Boxing Ontario

Address _____

*

City _____ Postal Code _____

Boxing BC

Telephone (____) _____ Date of Birth _____
Day Month Year

*

Federation
quebecoise de
boxe olympique

S.I.N. _____ Prov. Health Ins. _____

Citizenship _____ 1st Official language English _____ French _____

*

Competitor OR Other Category

Manitoba Amateur
Boxing
Association *

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	_____

New Brunswick
Amateur Boxing
Association

Bouts _____ Wins _____ Gender Male _____ Female _____
(Including kick-boxing and other combat sports)

Boxing
Newfoundland &
Labrador

Date of medical examination _____

*

Previous involvement in Professional Boxing or any combat sport:

NO _____ YES _____ if yes explain _____

Prince Edward
Island Amateur
Boxing
Association *

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.

Boxing
Saskatchewan

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

Yukon Amateur
Boxing
Association

Witnessed

Signature of Applicant

Parent or Guardian, if athlete under legal age

Provincial Registrar: _____

Medical Certificate Attached Yes No