



OF AMERICA INC.

Entry Deadline:
Friday, March 23, 2018

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2018 Hawaii Golden Gloves
Tournament of Champions
Information Sheet

ADMISSION: \$15.00
Under 7 is free

DATES: March 30, 2018 – March 31, 2018

COMPETITION VENUE: Wahiawa District Park – Boxing Gym

WEIGH-IN: BRING “VALID” PASSBOOK

Friday, March 30, 2018 @ 7:00am – 9:00am

Saturday, March 31, 2018 @ 7:00am – 9:00am

COMPETITION SESSION: Friday, March 30th – Saturday, March 31st

Friday, March 30, 2018 Bouts to begin @ 7:00pm

Saturday, March 31, 2018 Bouts to begin @ 7:00pm

(Boxers must report to competition site 1 hour prior)

ROUNDS:

Quarter-Finals

Three 2-minute Rounds

Ten point must, scorecards

Semi-Finals

Three 3-minutes Rounds

Ten point must, scorecards

Finals

Three 3-minutes Rounds

Ten point must, scorecards

~ QUALIFICATION MEMO ~

All Boxers must be registered with USA Boxing prior to tournament. There will be no registrations accepted at weigh-ins.

Boxer’s Age Requirement: Minimum Age: 18 Maximum Age: 40

MUST BE 18 ON MARCH 30th

CITIZENSHIP: Non-Citizens ARE NOT ELIGIBLE to compete in the Golden Gloves Advancing Tournament

COMPETITION HEADGEAR will be **REQUIRED** for **ALL BOXERS!**

THERE IS NO BOUT REQUIREMENT TO ENTER THIS ADVANCING TOURNAMENT!

THIS IS A GOLDEN GLOVES EVENT AND ALL INQUIRIES SHOULD BE DIRECTED TO THE NUMBER BELOW

For additional information, contact Carl Phillips @ (808) 622-1065

Entry forms will ONLY be accepted via email or mail.

Email forms to: hawaiigoldengloves@gmail.com

OR

Mail to: 1209 Neal Avenue || Wahiawa || Hawaii || 96786

Non-tournament bouts will be accepted

Non-tournament bouts will be accepted

THIS IS A MALE AND FEMALE TOURNAMENT



2018 ATHLETE ENTRY

Tournament of Champions

OF AMERICA INC. Male

Weight Class
_____ Lbs.
OFFICIAL USE ONLY

CLUB REPRESENTED _____

Boxer's Name (Print) (First, Initial, Last) _____ U.S. Citizen: Yes No

Street _____ City _____ State _____ Zip _____

Age _____ Birthdate _____ Phone: () _____ OR () _____
MO - DAY - YEAR

E-mail: _____ USA Passbook Validation # _____

WEIGHT CLASS: 108-lb 114-lb 123-lb 132-lb 141-lb 152-lb 165-lb 178-lb 201-lb +201-lb
CIRCLE ONE

WAIVER / WARNING / DISCLAIMER

In consideration of your accepting this entry, I, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against Golden Gloves of America, its member franchises, United States Amateur Boxing, any sanctioning Local Boxing Committees of USA Boxing, 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 below listed boxing event:

2018 GOLDEN GLOVES STATE TOURNAMENT OF CHAMPIONS - MAR 30 & 31 - WAHIAWA, HI

I agree to abide by the rules of Golden Gloves of America and USA Boxing. I acknowledge that by signing this document, I hereby freely agree to and make the following contractual representations, covenants and agreements to and for the benefit of United States Amateur Boxing (USA boxing), any sanctioning local boxing committee of USA boxing and all promoters, sponsors and venue owners with respect to the events, and their respective agents, officers, employees, members and affiliates (collectively, releasees). I acknowledge that boxing is an inherently dangerous sport and fully realize the dangers of participating in boxing competition and preparation for the competition, and fully assume the risks associated with such participation, the releasees' own negligence, and the possibility of serious physical and/or mental trauma, injury, permanent paralysis or death associated with boxing competition. I certify that I have had no injuries to my hands, whether fractures, broken bones or otherwise, within three months preceding the dates of this entry form and the events, and have no injuries to the head, concussion, headaches or fainting spells, and should I experience any of these injuries and conditions in the future, I will immediately notify the officials of the events and cease all participation in the events. For myself, my heirs, executors, administrators, legal representatives, assignees, and successors in interest (collectively, successors) I hereby waive, release, discharge, hold harmless, and promise to indemnify and covenant not to sue the releasees from any and all rights and claims including claims arising from the releasees' own negligence, which I have or which may hereafter accrue to me and from any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of, my participation in, or association with the events, or travel to, or return from the events. I agree it is my sole responsibility to be familiar with the facilities for the events, the releasees' rules, and any special regulations for the events. I understand and agree that situations may arise during the events which may be beyond the immediate control of releasees. I accept responsibility for the condition and adequacy of my competition equipment and physical condition. I assume all responsibility and liability for the selection of the equipment I use in the events and with my ability and physical condition to participate in the events. I understand that drug testing may be conducted for athletes registered for the events and that the use of substances prohibited by releasees' rules would make me subject to sanctions including, but not limited to, disqualification and suspension. I agree to be subject to drug testing, if selected, and its sanctions if I fail to comply with the testing or am found positive for the use of a banned substance. I understand and agree that medical or other services rendered to me by or at the insistence of any of the releasees is not an admission of liability to provide or continue to provide such services and is not a waiver by any of releasees of any right or benefit hereunder. I agree, for myself and my successors, that my representations are contractually binding, and are not mere recitals, and that should I or my successors assert any claim in contravention of this agreement, the asserting party shall be liable for the expenses (including legal fees) incurred by the releasees. This agreement may not be modified orally and a waiver of any provision shall not be construed as a modification of any other provision herein or as a consent to any subsequent waiver or modification. Every term and provision of this agreement is intended to be severable. If any one or more of them is found to be unenforceable or invalid, that shall not affect the other terms and provisions, which shall remain binding and enforceable.

Athlete's Signature: _____ **Date:** _____

Franchise Delegate: _____ **Date:** _____

Male Entry Form



2018 ATHLETE ENTRY Tournament of Champions OF AMERICA INC. Female

Weight Class
_____ Lbs.
<small>OFFICIAL USE ONLY</small>

CLUB REPRESENTED: _____

Boxer's Name (Print) (First, Initial, Last) _____ U.S. Citizen: Yes No

Street _____ City _____ State _____ Zip _____

Age _____ Birthdate ____--____--____ Phone: () _____ OR () _____
MO - DAY - YEAR

E-mail: _____ USA Passbook Validation # _____

WEIGHT CLASS: 106-lb 112-lb 119-lb 125-lb 132-lb 141-lb 152-lb 165-lb 178-lb +178-lb
CIRCLE ONE

WAIVER / WARNING / DISCLAIMER

In consideration of your accepting this entry, I, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against Golden Gloves of America, its member franchises, United States Amateur Boxing, any sanctioning Local Boxing Committees of USA Boxing, 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 below listed boxing event:

2018 GOLDEN GLOVES STATE TOURNAMENT OF CHAMPIONS - MAR 30 & 31 - WAHIAWA, HI

I agree to abide by the rules of Golden Gloves of America and USA Boxing, I acknowledge that by signing this document, I hereby freely agree to and make the following contractual representations, covenants and agreements to and for the benefit of United States Amateur Boxing (USA boxing), any sanctioning local boxing committee of USA boxing and all promoters, sponsors and venue owners with respect to the events, and their respective agents, officers, employees, members and affiliates (collectively, releasees). I acknowledge that boxing is an inherently dangerous sport and fully realize the dangers of participating in boxing competition and preparation for the competition, and fully assume the risks associated with such participation, the releasees' own negligence, and the possibility of serious physical and/or mental trauma, injury, permanent paralysis or death associated with boxing competition. I certify that I have had no injuries to my hands, whether fractures, broken bones or otherwise, within three months preceding the dates of this entry form and the events, and have no injuries to the head, concussion, headaches or fainting spells, and should I experience any of these injuries and conditions in the future, I will immediately notify the officials of the events and cease all participation in the events. For myself, my heirs, executors, administrators, legal representatives, assignees, and successors in interest (collectively, successors) I hereby waive, release, discharge, hold harmless, and promise to indemnify and covenant not to sue the releasees from any and all rights and claims including claims arising from the releasees' own negligence, which I have or which may hereafter accrue to me and from any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of, my participation in, or association with the events, or travel to, or return from the events. I agree it is my sole responsibility to be familiar with the facilities for the events, the releasees' rules, and any special regulations for the events. I understand and agree that situations may arise during the events which may be beyond the immediate control of releasees. I accept responsibility for the condition and adequacy of my competition equipment and physical condition. I assume all responsibility and liability for the selection of the equipment I use in the events and with my ability and physical condition to participate in the events. I understand that drug testing may be conducted for athletes registered for the events and that the use of substances prohibited by releasees' rules would make me subject to sanctions including, but not limited to, disqualification and suspension. I agree to be subject to drug testing, if selected, and its sanctions if I fail to comply with the testing or am found positive for the use of a banned substance. I understand and agree that medical or other services rendered to me by or at the insistence of any of the releasees is not an admission of liability to provide or continue to provide such services and is not a waiver by any of releasees of any right or benefit hereunder. I agree, for myself and my successors, that my representations are contractually binding, and are not mere recitals, and that should I or my successors assert any claim in contravention of this agreement, the asserting party shall be liable for the expenses (including legal fees) incurred by the releasees. This agreement may not be modified orally and a waiver of any provision shall not be construed as a modification of any other provision herein or as a consent to any subsequent waiver or modification. Every term and provision of this agreement is intended to be severable. If any one or more of them is found to be unenforceable or invalid, that shall not affect the other terms and provisions, which shall remain binding and enforceable.

Athlete's Signature: _____ **Date:** _____

Franchise Delegate: _____ **Date:** _____

Female Entry Form



USA BOXING DECLARATION OF NON-PREGNANCY

1. Declaration of non-pregnancy for female Boxers aged 18 (eighteen) and older

Date: _____

Place: _____

Name of Competition: _____

I, _____, declare that I am not pregnant.

I understand the seriousness of this statement and accept full responsibility for it. In the case that this declaration is subsequently shown to be inaccurate or untrue and I suffer any related injury or damage during the competition, I, on behalf of myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against AIBA (including its officials and employees), the organizers of the competition (including the Organizing Committee and/or Host Federation) and the competition venue owners for such injury or damage.

Signature of the Boxer

2. Declaration of non-pregnancy for female Boxers aged UNDER 18 (eighteen)

Date: _____

Place: _____

Name of Competition: _____

I, _____, am one of the parents / legal caretaker of _____ (*insert name of the boxer*) and declare, on her behalf, that she is not pregnant.

I understand the seriousness of this statement and accept full responsibility for it. In the case that this declaration is subsequently shown to be inaccurate or untrue and _____ (*insert name of boxer*) suffers any related injury or damage during the competition, I, on behalf of _____ (*insert name of boxer*) her heirs, executors and administrators, waive and release any and all claims for damages she may have against AIBA (including its officials and employees), the organizers of the competition (including the Organizing Committee and/or Host Federation) and the competition venue owners for such injury or damage.

Signature of one of the Parents / Legal Caretaker

Acknowledged by [signature of the boxer]



PARTICIPANT'S MEDICAL TREATMENT FORM

OF AMERICA, INC. For Year: 2018

SPECIAL NOTICE – Insurance Requirement:

USA Boxing's Insurance Company requires a signed medical treatment forms either Authorizing emergency medical treatment or Not Authorizing (Decline) medical treatment for **ALL PARTICIPATING INDIVIDUALS**. Participants under 18 years of age are required to have parental/guardian signatures as well. Don't hesitate to contact the Events Department at USA Boxing Headquarters at (719) 866-2300 if you have any questions.

CLUB REPRESENTED: _____

Name (PRINT - First, Initial, Last) _____ Male Female

Street _____ City _____ State _____ Zip _____

Age _____ Birthdate (Month, Day, Year) _____ Home Phone () _____

____ I Hereby **AUTHORIZE** A Duly Appointed Representative of Golden Gloves of America to Consent to Emergency Medical Treatment During My Participation in this Golden Gloves Boxing Tournament.

____ I Hereby **DECLINE** To Authorize Consent for Emergency Medical Treatment During My Participation in this Golden Gloves Tournament for the Following Reason: *(Please Mark One)*

___ Religious ___ Personal ___ Other: _____

Participant's Signature: _____ **Date:** _____

IN CASE OF EMERGENCY – Please Contact:

Name (PRINT - First, Initial, Last) _____

Street _____ City _____ State _____ Zip _____

Relationship: _____ Phones: () _____ () _____