

BOXING ONTARIO/BOXING CANADA



Elite, Coach & Official 2018 Membership Application and Waiver form

(Please PRINT clearly & legibly)

Please note that falsification of this application could lead to automatic rejection or discipline.

Name _____
(First Name) (Middle Name) (Surname)

Address _____ City _____ Province ON

Postal Code _____ Email Address _____ Phone Number _____

Citizenship _____ Club Name _____

| | | | | | |
|---|---|---|--|---|-------------------|
| New Applicant <input type="checkbox"/> | Renewal <input type="checkbox"/> | Gender M <input type="checkbox"/> F <input type="checkbox"/> | Date of Birth ____/____/____ <small>Day Month Year</small> | Amateur Bouts _____ | Wins _____ |
| Previous or current involvement in professional boxing, kickboxing or any combat sport : No <input type="checkbox"/> Yes <input type="checkbox"/> Bouts _____ Wins _____ Previous or current involvement in amateur or professional boxing, kickboxing or any combat sport in another country No <input type="checkbox"/> Yes <input type="checkbox"/> Previous or current involvement in amateur boxing, kickboxing or any combat sport : No <input type="checkbox"/> Yes <input type="checkbox"/> #Bouts _____ #Wins _____ #KO _____ #TKO's received ____ If yes to either question, please state the number of years involved: _____ If yes to either question, please explain: _____ Combat Sport includes but not limited to: MMA, Muay Thai, Jiu Jitsu, Karate, Wushu, Wrestling, Judo, Taekwondo, Kickboxing, Boxing | | | | | |
| Category | DOB | Cost | <input checked="" type="checkbox"/> | Club Coach/Owner Sign Off I hear by attest that the above signee is a member of my club and that information pertaining to previous involvement in boxing, kickboxing & other combat sports whether pro or amateur offered on this form is deemed true and accurate. I have informed this potential member that Boxing Ontario coverage and insurance is valid at Boxing Ontario member clubs only and is null and void at non-Boxing Ontario member clubs. _____ /_____/_____ Club Coach/Owner Signature Date d/m/y | |
| Elite (+) | 1999 and earlier | \$105.00 | <input type="checkbox"/> | | |
| Please check here if you are registering as part of the CHAMPS program | | | <input type="checkbox"/> | | |
| Coach (**) | NCCP# _____ Level _____ | \$105.00 | <input type="checkbox"/> | | |
| Official (**) | Level _____ Referee/Judge <input type="checkbox"/> Judge Only <input type="checkbox"/> | \$95.00 | <input type="checkbox"/> | | |
| Replacement Passbook | | \$20.00 | <input type="checkbox"/> | | |
| Dual Membership (Check all membership types) | | \$160.00 | <input type="checkbox"/> | | |
| Triple Membership | | \$210.00 | <input type="checkbox"/> | | |
| Courier | | \$25.00 | <input type="checkbox"/> | | |
| Fast Track | | \$10.00 | <input type="checkbox"/> | | |
| Date Membership is Required for Fast Track and Courier ____/____/_____ <small>Day Month</small> | | | | Payment enclosed Chq <input type="checkbox"/> MO <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Total Amount: _____ Money Order # _____ Credit Card Type Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Credit Card Number _____ Expiry Date ____/____/____ Signature _____ | |
| (FOR OFFICE USE ONLY) PRC <input type="checkbox"/> Date of expiry _____ Coaching Cert. <input type="checkbox"/> _____ Officials Cert. <input type="checkbox"/> _____ CC Auth _____ Chq # _____ FTB <input type="checkbox"/> Medical Attached <input type="checkbox"/> Medical Date ____/____/____ <small style="float: right;">Day Month Year Date Sent to CABA</small> | | | | | |

+ Medical required **Criminal Reference Check and Vulnerable Sector Check required

Please Note: Regular Memberships take approximately three weeks to be processed (providing proper paperwork and payment is included). **FAST TRACK Memberships with COURIER** takes approximately one week to be processed (providing proper paperwork and payment is included). Both processing times are estimated from the time membership applications are received at the Boxing Ontario office.

CONSENT FOR USE OF PERSONAL INFORMATION, COMMERCIAL MESSAGES AND PHOTO RELEASE

I, the participant and/or parent/guardian, authorize Boxing Canada and Boxing Ontario to collect and use personal information about me or my child/ward for the purpose of receiving communications (newsletters, publications, announcements, invitations and other news or information) from Boxing Canada and Boxing Ontario and posting articles of interest, newsletters, promotions, statistics, images and results on Boxing Canada and Boxing Ontario's website. This consent is in compliance with the Personal Information Protection and Electronic Documents Act and the Canadian Anti-Spam Legislation.

Furthermore, I, the participant and/or parent/guardian, grant permission to Boxing Canada and Boxing Ontario to photograph and/or record me 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 Ontario 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 Ontario 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 Ontario's Privacy Officer or emailing e.info@boxingontario.com. 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 _____ Date _____

BOXING ONTARIO

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT (FOR THOSE 18 YEARS OF AGE AND OLDER)

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 Ontario 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 Ontario, 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 Ontario'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 Ontario 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 Ontario 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 Ontario.

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 myself, my heirs, executors, administrators and representatives.

Name of Participant (Please Print)

Signature of Participant

Date