



# Boxing Canada (CABA)



## Membership Application

Alberta Amateur  
Boxing  
Association

Registration year: \_\_\_\_\_ New Application: \_\_\_\_\_ Renewal: \_\_\_\_\_ Date: \_\_\_\_\_

Provincial Association: \_\_\_\_\_ Club: \_\_\_\_\_

Name: \_\_\_\_\_

Boxing Nova  
Scotia

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Boxing Ontario

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Month Day Year

E-mail: \_\_\_\_\_

Boxing BC

Citizenship: \_\_\_\_\_ 1<sup>st</sup> Official language: English \_\_\_\_\_ French \_\_\_\_\_

Fédération  
québécoise de  
boxe olympique

### Competitor

OR

### Other Category

Junior A \_\_\_\_\_ 11 & 12

Coach \_\_\_\_\_ Level \_\_\_\_\_

Junior B \_\_\_\_\_ 13 & 14

Official \_\_\_\_\_ Level \_\_\_\_\_

Junior C \_\_\_\_\_ 15 & 16

Other Non-Competitor \_\_\_\_\_

Youth \_\_\_\_\_ 17 & 18

Associate Member \_\_\_\_\_

Senior \_\_\_\_\_ 19 +

Recreational Member \_\_\_\_\_

Manitoba  
Amateur Boxing  
Association

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

New Brunswick  
Amateur Boxing  
Association

Date of medical examination: \_\_\_\_\_

Previous involvement in Professional Boxing or any combat sport: \_\_\_\_\_

NO \_\_\_\_\_ YES \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Boxing  
Newfoundland &  
Labrador

### 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, know 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.

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.

Prince Edward  
Island Amateur  
Boxing  
Association

IN WITNESS WHEREOF, I have executed this release at

\_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_  
Place

### Witnessed

Yukon Amateur  
Boxing  
Association

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Parent or Guardian, if athlete under legal age

Provincial Registrar: \_\_\_\_\_ Medical Certificate Attached Yes / No