



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: _____ 1st 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.

IN WITNESS WHEREOF, I have executed this release at

_____, on the _____ day of _____ 20_____
Place

Witnessed

Signature of Applicant

Parent or Guardian, if athlete under legal age

Yukon Amateur
Boxing
Association

Provincial Registrar: _____ Medical Certificate Attached Yes / No