Application deadline Saturday, November 25th, 2017 12:30 PM

Tournament Draw to be held at Rosecroft on November 25th @ 1 PM

Applications can be faxed to 301-567-1053 or emailed to <u>lisa.watts@marylandracing.com</u>

2018 Silver Gloves Boxing Tournament

SATURDAY, DECEMBER 2, 2017 @ 1 pm SATURDAY, DECEMBER 9, 2017 @ 1 pm

Saturday Admission Tickets \$15 each Adult Age 10 & under \$10

Weigh In Saturdays at 10 AM



For more information visit:www.rosecroft.com

6336 Rosecroft Drive, Fort Washington, MD 20744

NATIONAL SILVER GLOVES GENERAL AND SPECIFIC INFORMATION FOR THE 2018 TOURNAMENT

- 1. Silver Gloves Tournaments are open to both male and female boxers.
- 2. Ages: Age 8 is a stand alone division and boxer must be 8 before entering the local tournament.

Age 9 - 10

Age 11 - 12

Age 13 - 14

Boxers age is determined by the age as of January 1, 2018. Boxers cannot reach Age 15 before January 1, 2018.

- 3. For safety reasons boxing rounds will all be one (1) minute with a one (1) minute rest period between rounds.
- 4. All female boxers must complete the USA Boxing Declaration of Non Pregnancy for girls under 18 at all events.
- 5. The revised entry form <u>MUST</u> be used for all entries in the tournaments.



STATE_

NATIONAL SILVER GLOVES ASSOCIATION



BOXER'S OFFICIAL ENTRY FORM

(MUST BE COMPLETED BY EACH BOXER BEFORE STATE COMPETITION)
Sanctioned by USA Boxing, Inc.

Waiver/Warning/Disclaimer

In consideration of your accepting this entry, I hereby, for myself, my heirs, executors, administrators and assigns waive and release any and all rights to any claim for damages I may or might have against United States Amateur Boxing (USA Boxing). Any sanctioning Local Boxing Committees of USA Boxing, State, Regional and National Silver Gloves 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, whether arising from the negligence of the releasees or otherwise, during my participation in and/or arising from traveling to and/or returning from the below listed boxing events.

REGIONAL				
NATIONAL Independence, MO				
during my presence or participation, I wimmediately. I fully understand that I a understand and agree that medical or or admission of liability to provide or conrights hereunder. I certify that I have no injuries this entry form, and know of no other is should any of these injuries and condition	will remove myself from par assume all responsibility for a other services rendered to me tinue to provide any such ser to my hands, neither fracture injuries to the head, concussions be experienced in the futur and appreciate that participa	any injury or damage that I may by or at the insistence of any vices and is not a waiver by any as nor broken bones, within three on, fainting spells, and will notife. ation in sport carries a risk to	attention of the nearest official incur in these boxing bouts. I of the named parties in not any of said parties of any right or months preceding the dates of fy boxing officials immediately	
Contestant's Name (Print)	····	USA Boxing Membership Number		
Contestant's Address	City	State	Zip	
Date of Birth	Age	(as of 1/1/18) Telephone No.	Carago 11 11 11 11 11 11 11 11 11 11 11 11 11	
Male D Female D Females must com	plete USA Boxing Declaratio	n of Non Pregnancy for girls und	er 18 at all events.	
Parent or Guardian (Signature)		Email:	With the second	
Coach's Name (Print)	Telephone No.			
State Team	Region	Club Team_		
AGE CLASSES: Age determination Jan (8) (9-10)	45/50/55/60/65/70/75/80/85/90/95/100/106/110			
(11-12) 65/70/75/80/85/90/95/100/106/110/114/119/125/132/138/145				
	75/80/85/90/95/100/106/110/114/119/125/132/138/145/154/165/176/201/201+			
Circle age cla	Circle weight class			

DECLARATION OF NON PREGNANCY FOR GIRLS 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 the Boxer) suffers any related injury or damage during the competition,			
I on behalf of, (insert name of the Boxer), her heirs, executors and			
administrators, waive and release any and all claims for damages she may have against USA Boxing			
(including its officials and employees), the organizers of the competition (including the Organizing			
Committee and the 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]			