



OFFICIAL'S APPLICATION 2022 Tournament of Champions

OFFICIAL'S CAPACITY → Delegation Official
Additional Official

OF AMERICA, INC.

REPRESENTING FRANCHISE:

Name (Print) (First, Initial, Last) _____
Street _____ City _____ State _____ Zip _____
Age _____ Date of Birth (Month, Day, Year) _____ Home Phone () _____
USA Validation # _____ Business Phone () _____
E-mail Address _____ Cell Phone () _____
Occupation _____ FAX Phone () _____

I WISH TO SERVE AS A BOXING OFFICIAL IN THE POSITIONS INDICATED BELOW:

Referee Judge Timer Medical Staff Clerk Announcer ← Check Only The Positions
You're qualified To Serve

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 the Golden Gloves of America, Inc., 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, 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 event:

2022 GOLDEN GLOVES NATIONAL TOURNAMENT OF CHAMPIONS – August 15 -20 – Tulsa, Oklahoma

I agree to abide by the rules of Golden Gloves of America. If I observe any unusual significant violations or hazards during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest, official immediately. I fully understand that I assume all responsibility for any injury or damage that I may incur in these boxing bouts. I understand and agree that medical or other services rendered to me by or at the insistence of any of the named parties is not an admission of liability to provide or continue to provide any such services and is not a waiver by any of said parties of any right or rights hereunder. I certify that I have no injuries or health conditions that prevent me from participating in any capacity which Golden Gloves recognizes as a non-athlete registrant in its official rules and constitution & by-laws.

Signature: _____ Date: _____

EMERGENCY CONTACT:

Name _____ Relationship _____
Street, City, State, Zip _____
Home Phone (____) _____ Other Phone (____) _____

--- FRANCHISE DELEGATE'S ENDORSEMENT REQUIRED ---

I hereby approve and endorse the above named individual to serve in the Golden Gloves of America event ... in any of the selected capacities. In doing so, I attest to the eligibility, training, competence and experience for him/her to participate in this important level of competition.

Delegate's Signature: _____ Date: _____

(SEE PAGE 2 OR REVERSE SIDE FOR ADDITIONAL REQUIRED INFORMATION)

