

## Membership Application BOXING CANADA

Registration year:	New	Renewal		Date: _		
Provincial Association:			Club:			
Name:			Date of birth	:	Month	Year
Address:				,		
City:	_		_Postal Code:			
Telephone:			Aboriginal he	eritage:	YES	NO 🔲
E-mail:			_ Citizenship:_			
Competitor Initiation 8-10 JuniorA 11&12 JuniorB 13&14 JuniorC 15&16 Youth 17&18 Elite 19+		Coach Official Other No Associa	n Competitor te Member onal Member		Level Level	
Bouts Win (Including kick-boxing and other comb		Gender:	Male	Fe	male 🔲	
Date of medical examination:						
Previous involvement in Professional Bo						
If Yes, explain:	ermission to participate in a fit corporation, and its affi ees, I hereby agree to inder tions which the undersignen, and injuries to property,	amateur boxing liated provinci mnify and hold ed's heirs, exec real or person	g granted to me or al/territorial sport harmless the Car utors, administra al, caused by, or	r my son/da governing ladian ama tors, or ass arising out	aughter/ward l bodies, club, teur boxing ass igns may have of, the particip	oy the Canadian coaches, officials, sociation from all , or claim to have, fo ation in the sport of
I have read this release/waiver and und	lerstand its terms and con-	ditions. I execu	ite it voluntarily ai	nd with full	knowledge of	its signification.
In witness whereof, I have executed this		day of		20		
Witnessed						
			Signature o	of Applicant		_