

BOXING ENTRY FORM

PAUL MURPHY NATIONAL CLASSIC SPONERED BY TITLE BOXING
Registration - (Date)
Event – (Date)

Please print or type all information

Date: _____

Name: _____

Address: _____

Home Tele: ____ - ____ - ____ Office: ____ - ____ - ____ Cell: ____ - ____ - ____

Date of Birth _____ Age _____ Enter me in (weight): _____ pounds

U S Amateur Boxing Passbook Validation Sticker Number (mandatory) _____

Club Represented: _____ Number of Bouts: _____

Class: __ Open __ Novice __ Senior __ Intermediate __ Junior __ Bantam

MAKE CHECKS PAYABLE TO:

RETURN ENTRY FORM WITH \$6.00 ENTRY FEE TO:

USA BOXING CODE OF CONDUCT

I _____ am a member of United States Booking, Inc. (USA Boxing). I understand and must comply with the guidelines as set forth in the USA Boxing Code of Conduct. I understand that this Code of Conduct applies to any and all athlete and non-athlete members and requires that I abide by this Code of Conduct and all United States Olympic Committee policies, rules, and regulations. By signing this Code of Conduct, I acknowledge that I have previously read it, understand it, and am willing to accept the conditions as outlined in it. I also, acknowledge and accept the consequences and disciplinary procedures that could be enforced if I violate any of the codes.

Participant's Signature

Date

Parent/Guardian's Signature (if under 18 years of age)

Date

OFFICIAL USE ONLY
Fee Paid _____

Date Received: _____

Other: _____

WAIVER/WARNING/DISCLAIMER

In consideration of my participation in the activities of the Paul Murphy National Classic Boxing Tournament and connected activities. I, the undersigned, on behalf of myself, my heirs, representatives, executors, administrators and assigns, do hereby release, indemnify, and hold harmless the Paul Murphy National Classic Boxing Association, Title Boxing Association, and United States Amateur Boxing, their members, its officers, agents, and employees from any cause of action, claims, or demands of any nature whatsoever, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against all parties on account of personal injury, property damage, death or accident of any kind, including any act or omission of any third party (rescue squad, hospital, etc...), arising out of or in any way related to my participation in any and all Paul Murphy National Classic Boxing Tournament activities, whether that participation is supervised or unsupervised, howsoever the injury or damage is caused

I agree myself and heirs, distribute, guardians, legal representatives, and assign that in the event that any claims for personal injury, death, or property damage shall be prosecuted against the Paul Murphy National Association, Title Boxing Association, or United States Amateur Boxing their members, officers, employees, or agents, I shall indemnify and hold harmless the Paul Murphy National Classic Association, Title Boxing Association, or United States Amateur Boxing their members, officers, employees, or agents from any and all such claims or causes of action by whoever made and wherever presented.

I agree to abide by the rules of the United States Amateur Boxing. 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 are 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 had no injuries to my hands, neither fractures nor broken bones, within three (3) months preceding the dates of this entry form, and know of no other injuries to the head, concussion, fainting spells, and will notify boxing officials immediately should any of these injuries and conditions be experienced in the future.

In addition, I also understand participation in sports carries a risk to me of serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize, accept, and assume this risk.

FEMALE BOXERS ONLY: I further certify that I am not pregnant, or have any painful pelvic discomfort such as symptomatic endometriosis or other causes, abnormal vaginal bleeding of undetermined causes (Etiology), recent loss of menstrual period (second amenorrhea), recently developed breast mass, recent breast dysfunction previously not present or surgical breast implants, and have read section 101.9(4) of USA Boxing Official Rules pertaining to my present condition.

I have carefully read this Release of Liability. I fully understand its contents, I am aware that this is a release of liability. I sign same of my own free will.

Participant's Signature _____ Date: _____

Signature of Parent/Guardian (if under 18 years of age): _____

Address/City/State/Zip _____

Coach's U.S. Amateur Boxing Card Validation Sticker Number: _____

Signed in the Presence of: _____ Date: _____

() I will be able to work the entire tournament

() I will be able to work (Date)

RETURN FORM TO: (ADDRESS)

Your Association Boxing Chairperson:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Tele: _____ - _____ - _____ Cell: _____ - _____ - _____

ALL OFFICIALS (coaches, seconds, judges, referees, timers, etc.) **are required to be a reregistered official in good standing with the United States Amateur Boxing Association.** Officials are required to register through their local United States Amateur Boxing Association committee. I certify that I am a registered United States Amateur Boxing Official.

Signature: _____ Date: _____

My US Amateur Boxing Validation Sticker Number: _____

COACHES ONLY:

Name of city your team represents: _____

Signature: _____ Date: _____

WAIVER/WARNING/DISCLAIMER

In consideration of your accepting this entry, hereby, for myself, 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, the Paul Murphy National Classic Association, and all sponsors and venue owners, or the officers, sub-committees, agents, representative or assigns of these entities for any injury or damage suffered by me, whether arising from the negligence of the releases or otherwise during my participation in, and/or arising from traveling to and/or returning from the Paul Murphy National Classic Association Boxing Tournament.

I agree to abide by the rules of the United States Amateur Boxing. 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 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.

In addition, I also understand and appreciate that participation in sport carries a risk to me of serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize, accept, and assume this risk.

Signed _____ Date _____

Spouse Signature _____ Date _____

****PASSBOOK NEEDED**

USA BOXING CODE OF CONDUCT

I, as a member of the United States Boxing, Inc, (USA Boxing), understand and must comply with the guidelines as set forth in USA Boxing Code of Conduct. I understand that this Code of Conduct applies to any and all athlete and

Hotel Accommodations Partner of Paul Murphy National Classic Boxing Tournament



GUEST ROOM COMMITMENT:

	Friday Nov 6	Saturday Nov 7	Sunday Nov 8	Monday Nov 9
Double	\$69	\$69	\$69	Check-out
King	\$69	\$69	\$69	Check-out
Total	69	69	69	



Room	Single Rate	Double Rate
Double	69.00	69.00
King	69.00	69.00

RESERVATION PROCEDURES

Individual Call In: each caller is asked to reference the **Paul Murphy National Classic** when making reservation.

CUT-OFF DATE

Reservations must be received on or before 10/6/2009. At the cut-off date, Hotel will review the reservation pick-up for the Event and release the unreserved rooms. Hotel may contact other parties for the use of such rooms as general sale. **Reservations for the Event will be accepted after the cut-off date at group rate as long as there are rooms available.** Hotel will continue to accept reservations from Group attendees after the cut-off date at the prevailing room rate, subject to availability.

CHECK-IN/CHECK-OUT

The hotel check-in time is 4:00pm. Room assignments prior to that time will be made on an availability basis. Checkout time is 12:00 pm. late checkouts must be approved by the Front Office Manager based on expected arrivals for that day.

Hotel Contact Information:

Faith Baker
Regional Sales Office

5793 Roswell Road, NE
Atlanta, Ga. 30328
PHPRegionalSales@aol.com
404-252-6400 Phone
404-851-9306 Fax
678-777-6900 Cell

