

APPENDIX 3

Application For Boxer Registration

Applicant Details

First Name:		Last Name:	
Gender:		Date of Birth:	
Australian Citizen: Yes / N (circle)		Nationality, If No:	
Home/Work Phone:		Mobile:	
Email			
Address:			
Suburb:	State:	Postcode:	
Age Category:	Weight	Blue Book No:	
Payment Attached:	<input type="checkbox"/> \$85 (U19/Junior – New Rego) <input type="checkbox"/> \$80 (U19/Junior – Renewing)	<input type="checkbox"/> \$105 (19+ / Masters – New Rego) <input type="checkbox"/> \$80 (U19/Junior – Renewing)	

Medical Information

Name of Family Doctor:		Doctor Contact Number:	
Are you an asthmatic?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Detail any medication:	
Do you have any other health issues that may affect your participation in the sport? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide details			

Amateur Boxing History

Club Name:		Coach Name:	
Category:	Weight:	Blue Book No:	
Past Experience <input type="checkbox"/> Yes <input type="checkbox"/> No	Wins:	Losses:	

Have you been a member of any other boxing Association/League? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide details:		
Have you ever boxed in a professional tournament for a money reward? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you competed in any other combat sports? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please detail:		
Sport:	Wins:	Losses:
Sport:	Wins:	Losses:
Sport:	Wins:	Losses:

Coach Declaration

Coach Name	Coach Signature	Date
<p><i>Your signature verifies that you are coaching this boxer for competition and will act in his/her corner at tournaments.</i></p>		

Payment Options

- ☐ **Cash/Cheque/Money Order** payable to Boxing Australia (Tasmania) Inc and delivered to 300 Liverpool Street, Hobart, 7000.
- ☐ **Electronic Funds Transfer** to BSB: 807-009 Account Number: 301 188 11 (please add your full name to transfer receipt).

Membership Declaration

In seeking to make application to become a Registered Boxer with Boxing Australia (Tasmania) Inc I confirm that I am:

1. a resident of Australia;
2. of good character; and
3. not the subject of any current disqualification or suspension imposed by Boxing Australia (Tasmania) Inc., by Boxing Australia or by any other BAL Member Association or former Member Association.

I further agree:

- (a) to be bound by, and to observe, the Anti-Doping, Participant Protection Regulations and Regulation for the Determination of Complaints of Boxing Australia, as amended from time to time;
- (b) that Boxing Australia's Anti-Doping, Participant Protection Regulations and Regulations for the Determination of Complaints, as amended from time to time, may be enforced against me;
- (c) that Boxing Australia may test and, where appropriate, discipline me in accordance with its Anti-Doping Regulations, as amended from time to time;
- (d) that Boxing Australia may conduct investigations and, where appropriate, discipline me in accordance with its Participant Protection Regulations and its Regulations for the Determination of Complaints, as amended from time to time;
- (e) that subject to the laws (written and unwritten) of the Commonwealth of Australia and the State of Tasmania, I will at all times observe and comply with the requirements of World Boxing as amended from time to time; and that I am not the subject of a current resolution of:
 - (i) expulsion and disqualification from membership of Boxing Australia (Tasmania) Inc.;
 - (ii) suspension, expulsion or disqualification imposed by Boxing Australia or;
 - (iii) suspension of, or expulsion and disqualification from, membership of any other association that is a member of Boxing Australia.

Signed: _____ Date: ____ / ____ / ____

Date received by the BAT Secretary: ____ / ____ / ____

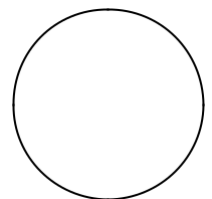
OFFICE USE ONLY

BAT STAMP

All Sections Completed YES ☐ NO ☐ Cheque/Money Order No. _____

Payment received YES ☐ NO ☐ Receipt No. _____

Info added to register YES ☐ NO ☐ Date _____



PARENT/GUARDIAN CONSENT FORM

(To be completed by a parent or guardian of an applicant under 18 years of age)

I, _____
(Name)

of: _____
(Address)

warrant and declare that I am a parent/legal guardian of: _____
(Name)

I hereby consent to _____ applying to Boxing Australia
(Name)

(Tasmania) Inc. to be registered on the Boxing Australia (Tasmania) Inc. Register of Boxers, and, if so registered, to engage in sparring and competitive boxing.

I understand the seriousness of this warranty and declaration, and accept full responsibility for it.

Signature of parent/legal guardian:

(Print Full Name)) Name:

) Signature:

) Date:

Once completed, this Deed Poll must be provided to the Secretary of Boxing Australia (Tasmania) Incorporated within 7 days at 300 Liverpool Street, Hobart, 7000 or boxingtasmania@gmail.com