

## 2018 AUSTIN REGIONAL GOLDEN GLOVES FACT SHEET

<b>DATE:</b>	<b>February 9, 10 &amp; 11, 2018</b>
<b>EVENT:</b>  <b>VENUE:</b>	<b>2018 Austin Regional Golden Gloves</b>  <b>South Austin Gym and Event Center</b> <b>5700 Manchaca Rd #365</b> <b>Austin, Texas 78745</b>
<b>TOURNAMENT DIRECTOR:</b>  <b>DAILY BOUT SHEET:</b>	<b>Alfred Ortiz</b> <b>(512) 445-2348 or 361-857-3323 alfred@southaustingym.com</b>  Will be posted daily on the following <b>SOUTHAUSTINGYM.COM</b>
<b>WEIGH-INS</b>	<p><b>Weigh-ins will be held at the following location:</b></p> <p><b>South Austin Gym and Event Center</b> <b>5700 Manchaca Rd #365</b> <b>Austin, Texas 78745</b></p> <p><b>GENERAL WEIGHINS</b></p> <p><b>*** THERE WILL BE NO JUMPING WEIGHTS***</b></p> <p><b>February 3, 2018</b> scales open at 8:30 am – and close at 10:00 am <b>MUST MAINTAIN THIS WEIGHT THROUGHOUT THE TOURNAMENT</b></p> <p><b>***THERE WILL BE NO JUMPING WEIGHTS***</b></p> <p><b>February 9, 2018</b> 8:00 am SHARP!</p> <p><b>February 10, 2018</b> 8:30 am SHARP!</p> <p><b>February 11, 2018</b> 8:30 am SHARP!</p> <p><i>All boxers must be clean shaven and have current passbook, with completed preparticipation physical evaluation form in their possession at weigh-ins.</i></p> <p><b>**NO PASSBOOKS WILL BE PROCESSED ON THIS DAY**</b></p>

<p><b>MANDATORY COACH'S MEETING</b></p> <p><b>PHYSICALS:</b></p>	<p><b>February 3, 2018 @ 12:00 pm (Location: South Austin Gym).</b></p> <p><b>South Austin Gym and Event Center 5700 Manchaca Rd #365 Austin, Texas 78745</b></p> <p><b>February 9, 2018 at 5:00 pm</b></p> <p><b>February 10, 2018 at 11:00 am</b></p> <p><b>February 11, 2018 at 11:00 am</b></p>
<p><b>COMPETITION TIMES:</b></p>	<p><b>South Austin Gym and Event Center 5700 Manchaca Rd #365 Austin, Texas 78745</b></p> <p><b>February 9, 2018 at 7:00 pm</b></p> <p><b>February 10, 2018 at 1:00 pm</b></p> <p><b>February 11, 2018 at 1:00 pm</b></p>
<p><b>REGISTRATION DEADLINE:</b></p>	<p><b>January 28, 2018</b></p>
<p><b>ELIGIBILITY:</b></p>	<p><b>Senior Division minimum age: 18</b> <b>Senior Division maximum age: 40</b></p> <p><b>(NOTE: Per National Golden Gloves rules - Any boxer who reaches the age of 18 before February 9, 2018 will be eligible to compete in the Senior Division.)</b></p> <p><b>JO &amp; Youth Division: ages 8-17 yrs</b></p> <p><b>Master Division minimum age: 41 yrs</b></p> <p><b>All JO, Youth &amp; Master Bouts Will Be Pre-Matched</b></p>

<b>DIVISIONS:</b>	<p><b>Male and Female Novice (18-40 years)</b></p> <p><b>Male and Female Open (18-40 years) (Must be U.S. citizen)</b></p> <p style="text-align: center;"><b>Male and Female Open &amp; Novice JO's 8-17 yrs (All Weights)</b> <b>(JO &amp; Youth bouts will be pre-matched)</b></p> <p><b>Male and Female Master (Master bouts will be pre-matched)</b></p>
<b>SR. WEIGHT CLASSES:</b>	<p><b>Male: 108, 114, 123, 132, 141, 152, 165, 178, 201, 201+</b></p> <p><b>Female: 101, 106, 112, 119, 125, 132, 141, 152, 165, 178, 178+</b></p>
<b>EQUIPMENT:</b>	<p><b>Boxers must provide their own USA Boxing approved headgear, form-fitted mouth piece (no red or partially red mouth piece will be allowed), foul-proof cup, uniform, gauze, tape, only clear water bottles, no tape of any kind is allowed on the uniform, must wear sleeveless athletic shirt.</b></p>
<b>GRIEVANCES:</b>	<p><b>Grievances will be addressed by the tournament grievance committee. A \$50.00 cash protest fee must accompany each written official protest. Must be submitted to tournament director by the end of competition on the day that the alleged offense occurs.</b></p>
<b>AWARDS:</b>  <b>(Outstanding Boxers, Team &amp; Courage award will be determined by the Austin Golden Gloves Committee)</b>	<p><b>Awards for :</b></p> <p><b>1<sup>st</sup> and 2<sup>nd</sup> place in each division.</b></p> <p><b>Outstanding Novice Division Boxer (male and female)</b></p> <p><b>Outstanding Open Division Boxer (male and female)</b></p> <p><b>Outstanding Boxing Team</b></p> <p><b>AJ Cardenas Courage Award</b></p> <p><b>Austin Golden Gloves Jackets will also be presented to the first place winner of each <u>novice division</u> and <u>open division</u> (male and female).</b></p>

**COACHES:**

**All coaches must have their USA Boxing Red Passbook with a 2018 Membership and have proof of attending a current certification clinic & SAFE SPORT TRAINING**



**CREDENTIALS:**

**Each team will receive the following amount of Coach's Passes**

**(1-6 boxers = 2 passes) (7 or more = 3 passes)**

**No more than 3 passes will be given per team.**

**Wristbands will be given out during initial weigh-ins on the first day of tournament. Each boxer must have this on his wrist or ankle throughout the duration of the tournament in order to enter the tournament venue free of charge.**

**2018 AUSTIN REGIONAL GOLDEN GLOVES**  
**ENTRY FORM**

Please send the following entry form to the following address  
Or **EMAIL** completed form to **BILL@STABA.ORG** (Registration Deadline: January 28, 2018)

Bill Wells  
P.O. Box 1081  
Taylor, Texas 76574

**Boxer's Name:** \_\_\_\_\_ **# of Bouts** \_\_\_\_\_

**SENIOR NOVICE**  
(0-9bouts)

**SENIOR OPEN**  
(10+ bouts)

**J.O.'s**  
(8-17 yrs)

**MASTER**  
(40+ yrs)

\*\*\*NO JUMPING WEIGHT\*\*\*

**Weight:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **D.O.B.** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Male:** \_\_\_\_ **Female:** \_\_\_\_

\*\*\*NO JUMPING WEIGHT\*\*\*

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Phone:** (     ) \_\_\_\_\_

**Coach's Name:** \_\_\_\_\_ **Club:** \_\_\_\_\_

**Age as of 2/9/18:** \_\_\_\_\_ **United States Citizen** \_\_\_\_ **Yes** **No**\_\_\_\_

**WAIVER AND RELEASE OF LIABILITY/WARNING**

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 COMMITTEE OF USA BOXING AND ALL SPONSORS AND VENUE OWNERS, OR THE OFFICERS, SUBCOMMITTEES, AGENTS, REPRESENTATIVES AND ASSIGNS OF THESE ENTITIES, FOR ANY INJURYS, INCLUDING SICKNESS AND DISEASE OR DAMAGES SUFFERED BY ME DURING MY PARTICIPATION IN, AND/OR ARISING FROM TRAVELING TO AND/OR RETURNING FROM THE BELOW LISTED TOURNAMENTS. I FURTHER AGREE THAT IN THE EVENT OF A DISPUTE BETWEEN THE UNDERSIGNED (OR ANOTHER PERSON ACTING ON THE UNDERSIGNED BEHALF) AND UNITED STATES AMATEUR BOXING, INC. OR ANY OF THE OTHER RELEASEE'S THE EXCLUSIVE VENUE AND JURISDICTION FOR ANY LAWSUIT ARISING OUT OF SUCH DISPUTE SHALL BE IN THE STATE COURT OF EL PASO COUNTY, STATE OF COLORADO. ADDITIONALLY, IT IS AGREED THAT THE UNDERSIGNED UNDERSTANDS AND AGREES THAT THIS DOCUMENT IS INTENDED TO BE AS BROAD AND INCLUSIVE AS PERMITTED UNDER APPLICABLE LAW AND SHALL BE GOVERNED BY COLORADO LAW.

I AGREE TO ABIDE BY THE RULES OF UNITED STATES AMATEUR BOXING. I FULLY UNDERSTAND THAT I ASSUME ALL RESPONSIBILITY FOR ANY INJURY, INCLUDING SICKNESS AND DISEASE 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 INSISTANCE OF ANY OF THE NAMED PARTIES IS NOT AN ADMISSION OF LIABILITY TO PROVIDE OR CONTINUE TO PROVIDE ANY SERVICES AND 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 INJURIES NOR BROKEN BONES, WITHIN THREE 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 AND APPRECIATE THAT PARTICIPATION IN THE SPORT OF BOXING CARRIES A RISK TO ME OF SERIOUS INJURY, INCLUDING SICKNESS AND DISEASE, INCLUDING PERMANENT PARALYSIS OR DEATH. I VOLUNTARILY AND KNOWINGLY RECOGNIZE, ACCEPT AND ASSUME THIS RISK. IF ANY PROVISIONS OF THIS DOCUMENT IS DETERMINED TO BE INVALID FOR ANY REASON, SUCH AN INVALIDITY SHALL NOT AFFECT THE VALIDITY OF ANY OF THE OTHER PROVISIONS, WHICH OTHER PROVISIONS SHALL REMAIN IN FULL FORCE AND EFFECT AS IF THIS DOCUMENT HAD BEEN EXECUTED WITH THE INVALID PROVISION ELIMINATED.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Participant's Full Name**

**\*Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Legal Guardian**

**\*REQUIRED IF ENTRANT IS UNDER LEGAL AGE (18 YEARS OF AGE)\***