

# Request to Register an Athlete



From .....

Association.....

Name of Club intending to affiliate to.....

## Athlete's details:

BOXING REG NUMBER (if registered to EB previously)	FIRST NAME/S	SURNAME	Date of Birth	GENDER (M/F)
HOME ADDRESS		CLUB	PREVIOUS SURNAME	
..... ..... ..... .....				

INDIVIDUAL PHYSICAL CONTACT SPORT EXPERIENCE		
SPORT/S .....		
AMATEUR: Yes/No (Delete as appropriate) Professional Yes/No (Delete as appropriate)		
WIN	LOSS	Full or Semi contact

Following your request to participate in boxing after having been involved in the above physical contact sport, please note the following conditions under which your membership will be accepted, if approved by England Boxing Ltd. The conditions are as follows:-

- You must cease your involvement in the above sport
- You must not participate in any other Individual Physical Contact Sport during your membership with us
- You must abide by all England Boxing rules and guidelines, which include (but not exclusively) the Code of Conduct for England Boxing members and all AIBA rules as provided on their website ([www.aiba.org](http://www.aiba.org))
- If you do not maintain a continuous annual registration with England Boxing you must reapply following any break in membership using this process. In those circumstances all conditions will reapply, including the requirement to serve another probation period before competing in our National Competitions.
- England Boxing must approve the request in writing before an athlete can be approved as a member of England Boxing

### Athletes Declaration

I have read and understood the above information in relation to my application to become a member of England Boxing Ltd. I confirm that the information I have supplied above is accurate and that I will accept and abide by the relevant conditions, should my application for membership be approved.

Athletes Signature..... Date .....

Club secretary/Coach ..... Date .....

Association Secretary Signature.....