



1st Annual Oak City Classic and the 2010 North Carolina State Junior Olympics Championships April 24, 2010

Held under sanction by the North Carolina Association of USA Boxing, Inc. Sanction #2010-13-003

Fellow Coaches, Athletes and Officials:

It is with great pride and pleasure we announce the inaugural “**Oak City Classic and 2010 North Carolina State Junior Olympic Championships**”. This event held in conjunction with the City of Raleigh Parks and Recreation and Haven House Second Round Boxing will showcase amateur boxing from across the state.



- Dates:** **Saturday April 24, 2010**
- Venue:** **Laurel Hills Community Center**
3808 Edwards Mill Rd
Raleigh, NC 27612
- Admission:** \$5.00 (Age 12+)
Children under 12 Free
Current Members (athletes, coaches, officials) of USA Boxing with passbook/membership card
FREE Entry
- Match Ups:** **JO, Novice, Open, and Female bouts. Complete pre-match bout request if you'd like a possible pre-match. This will be an advancing tournament for JO boxers with 5 or more bouts. JO Boxers will be given precedence in match-ups.**
- Pre-Registration** **All Athletes and Non-Athletes (coaches) who pre-register by April 2, 2010 will receive a FREE event t-shirt. We hope to pre-match as many bouts as possible.**
- Registrations/Weigh-Ins:** **11AM-1PM Weigh in at Laurel Hills Community Center**
Entry forms must be presented at the initial weigh-ins if you did not pre-register. Must have current passbook with 2010 validation label
Males must be clean shaven at the scale.
The scale will close promptly at the advertised time
- Draw/Meeting:** Initial draw meetings will be held at 2:00pm.
- Physicals:** Pre-bout physicals will be at Laurel Hills Community Center at 3:00pm.
- Bouts:** Bouts Begin at 5:30 P.M.
- Awards:** All athletes that compete will receive champion or runner-up trophy. Best JO, Novice, and Open Boxer awards will be presented.



Host Hotel:

If you are coming from out of town and are interested in a hotel, please contact Fairfield Inn and Suites 2201 Summit Park Lane Raleigh NC 27612. Phone: 919-881-9800. Room rates for event will be \$59.00 single and \$64.00 double and this includes a free continental breakfast. Rooms must be reserved by close of business Friday March 26, 2010 to receive rate.

Team Rosters:

Team rosters (see attachment) including matched bout requests are required to be submitted to the Tournament Director, Matt Schnars NO LATER THAN CLOSE OF BUSINESS Friday, April 2, 2010

Entry Instructions:

All athletes and coaches please complete the athlete and non-athlete entry forms, medical waiver liability, and City of Raleigh Parks and Recreation waiver forms. Athletes under 18 must have parent signatures. If you would like to have a pre-matched bout, please submit the team roster with information on your athletes with pre-match requests. **Mail, Fax, or E-mail entry forms NO LATER THAN CLOSE OF BUSINESS FRIDAY APRIL 2, 2010** send by mail, email or fax to:

City of Raleigh Parks and Recreation Attn: Matt Schnars
2401 Wade Ave. Raleigh NC 27607
(919) 807-5413 (office)
(919) 278-6230 (mobile)
(919) 831-6470 (fax)
Matt.schnars@ci.raleigh.nc.us

Directions to Venue:

From Wilmington and Points South: Take I-40 West to Exit 301 for I-440W Outer Beltline. Take I-440W Outer Beltline for 9 miles to exit 7B Glenwood Ave toward Crabtree Valley Mall. Take a left at Edwards Mill Rd for 1½ miles. Creedmoor Rd turns into Edwards Mill Rd. Laurel Hills Community Center will be on your left.

From Charlotte and Points West: Take I-85 North Toward Greensboro. Follow signs to Raleigh. Merge on to I-40 East. Take I-40 East following signs to Raleigh approximately 60 miles. Follow the Wade Avenue Split (Chapel Hill Expressway) on I-40 East toward RBC Center. Take Exit Ramp on Edwards Mill Rd before you get to RBC Center. Take a left off the exit ramp onto Edwards Mill Rd. Drive approximately two miles and Destination will be on your right.



Name of Event: Oak City Classic and 2010 North Carolina Junior Olympic State Championships

Athlete Entry Form

LBC Tournament Sanctioned by USA Boxing _____ **North Carolina #13** _____ Association, Inc.

PLEASE CHECK APPROPRIATE BOX: MALE OR FEMALE

NAME _____ Predicted Weight _____ Age _____ T-Shirt Size _____

Class (circle): JO Novice Open Female # of previous bouts boxed? _____ Birth Date _____

Address _____ Passbook Validation # _____
Street City State/Zip (2010)

Home Phone # _____ Cell Phone # _____ Email Address _____ Fax # _____

Personal Coach Name & Phone _____ Your Personal Boxing Club _____

Do you wear Dental Braces? Yes _____ No _____ If yes you must comply with Article 2, 102.6 (g) USA Boxing, Inc. rules.

WAIVER/WARNING

IN CONSIDERATION OF YOUR ACCEPTING THIS ENTRY, I HEREBY, FOR MYSELF, MY HEIRS, EXECUTORS ADMINISTRATORS, CITY OF RALEIGH, HAVEN HOUSE SECOND ROUND BOXING 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, SUB-COMMITTEES AGENTS, REPRESENTATIVES AND ASSIGNS OF THESE ENTITIES, FOR ANY INJURY OR DAMAGE SUFFERED BY ME DURING MY PARTICIPATION IN, AND/OR ARISING FROM TRAVELING TO AND/OR RETURNING FROM THE BELOW LISTED TOURNAMENTS.

The **Oak City Classic Amateur Boxing Championships** at **Laurel Hills Community Center** Date : **April 24, 2010**

I AGREE TO ABIDE BY THE RULES OF UNITED STATES AMATEUR BOXING. 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 INSISTANCE OF ANY OF THE NAMED PARTIES IS NOT AN ADMISSION OF LIABILITY TO PROVIDE OR CONTINUE TO PROVIDE ANY 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 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 PERMANENT PARALYSIS OR DEATH; I VOLUNTARILY AND KNOWINGLY RECOGNIZE, ACCEPT AND ASSUME THIS RISK.

Signed Date _____ Date _____

Participant's Full Name

*Signed Date _____ Date _____

Parent(s) or Guardian(s)

Signed Date _____ Date _____

Boxer's Coach (or other Witness)

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



NON-ATHLETE ENTRY FORM

Name of Competition: Oak City Classic and 2010 North Carolina State Junior Olympic Championships

Name: _____ LBC#: 13 T-Shirt Size _____

Address: _____
Street City State Zip

Phone: (____) _____ Validation#: _____ Date of Birth: _____

E:mail _____

Check one: Official: _____ Coach: _____ Other: _____ (If other, what capacity?) _____

WAIVER AND RELEASE AND ASSUMPTION OF RISK

IN CONSIDERATION OF ME BEING ALLOWED TO PARTICIPATE IN A NON-ATHLETE CAPACITY, AND ACCEPTANCE OF THIS ENTRY FORM IN A UNITED STATES AMATEUR BOXING COMPETITION, I AGREE:

1. I understand the nature of United States Amateur Boxing, Inc. activities and my experience and capabilities and believe I am qualified to participate in such activity. I further acknowledge that I am aware the activity will be conducted in facilities open to the public during the activity. I further agree and warrant that if I believe conditions to be unsafe, I will immediately discontinue further participation in the activity.
2. **I FULLY UNDERSTAND** that: (a) United States Amateur Boxing, Inc. activities involve risks and dangers of **SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH** ("Risks); (b) these Risks and dangers may be caused by me or the actions or inactions of others participating in the activity, the condition in which the activity takes place, or **THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW**; (c) there may be other risks and social and economic losses either known to me or not readily foreseeable at this time; and I **FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** incurred as a result of my participation in these activities.
3. **I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the United States Amateur Boxing, Inc., it's clubs and LBC's, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the activities take place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, or anyone on my behalf makes a claim against any of the Releasees named above, **I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.**

Signature of Applicant

Date



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Team Roster and Matched Bout Request

Return to Matt Schnars, Tournament Director
 2401 Wade Ave. Raleigh, NC 27607
 (919) 807-5413 (office)
 (919) 278-6230 (mobile)
 (919) 831-6470 fax
Matt.schnars@ci.raleigh.nc.us

TEAM ROSTER & MATCHED BOUT REQUEST

<u>Boxer's Full Name</u>	<u>Club/Gym</u>	<u>Predicted Weight</u>	<u>Class (open, novice, JO, Female)</u>	<u>Number of previous bouts</u>
<u>1</u>				
<u>2</u>				
<u>3</u>				
<u>4</u>				
<u>5</u>				
<u>6</u>				
<u>7</u>				
<u>8</u>				
<u>9</u>				
<u>10</u>				
<u>11</u>				
<u>12</u>				
<u>13</u>				
<u>14</u>				
<u>15</u>				
<u>16</u>				



MEDICAL TREATMENT FORM

United States Amateur Boxing's insurance company requires a signed medical treatment form either authorizing emergency medical treatment or not authorizing medical treatment for all participating individuals. Participants under 18 years of age, are required to have parental/guardian signatures as well.

Please complete and sign the attached form. Be sure to indicate whether treatment is approved or not approved.

Event Name: _____

Place: _____

_____ I **AUTHORIZE** a duly appointed representative of United States Amateur Boxing., Inc., to consent to emergency medical treatment during my participation in USA Boxing's sanctioned event.

_____ I **DECLINE** authorize consent for emergency medical treatment during my participation in USA Boxing's sanctioned event for the following reasons:

If you marked DECLINE, please mark one of the following:

_____ Religious

_____ Personal

_____ Other: _____

Signed: _____ Date: _____
(Athlete signature)

Signed: _____ Date: _____
(Parent/Guardian Signature for athletes under 18 yrs)



FEMALE ATHLETE AKNOWLEDGMENT

United States Amateur Boxing, Inc. / South East Coast No.3 / North Carolina Association LBC No.13		
Event: 2010 Oak City Classic and 2010 NC State JO Championships	Venue: Laurel Hills Community Center	
Sanctioned by United States Amateur Boxing Inc., North Carolina Association	Sanction No. 2010-13-03	
(above section to be completed by sanction holder)		
<i>Must be completed and signed by female athletes each time they compete.</i>		
Name:	Date of Birth:	
Address:		
City:	State:	Zip Code:
USA Boxing Registration No. :		
Boxer's Club Name:	Boxer's Coach:	
AKNOWLEDGEMENT		
<p>I CERTIFY THAT I AM NOT PREGNANT, OR HAVE ANY PELVIC DISCOMFORT SUCH AS SYMPTOMATIC ENDOMETRIOSIS OR OTHER CAUSES, ABNORMAL VAGINAL BLEEDING OR UNDETERMINED CAUSES (ETIOLOGY), RECENT LOSS OF MENSTRUAL PERIOD (SECONDARY AMENORRHEA), RECENT BREAST BLEEDING, RECENTLY DEVELOPED BREAST MASS, RECENT BREAST DYSFUNCTION PREVIOUSLY NOT PRESENT OR SURGICAL BREAST IMPLANTS, AND HAVE READ SECTION 101.9(4) OF USA BOXING'S OFFICIAL RULES PERTAINING TO MY PRESENT PHYSICAL CONDITION. I FURTHER AGREE THAT I WILL IMMEDIATELY NOTIFY MY COACH, TRAINER, OR OTHER LOCAL BOXING OFFICIALS IF ANY OF THE ABOVE DESCRIBED CONDITIONS SHOULD DEVELOP/APPLY AND WILL IMMEDIATELY DISQUALIFY MYSELF AND CEASE PARTICIPATION IN THE ABOVE EVENT.</p>		
<p>(SECTION 101.9(4) OF USA BOXING'S OFFICAL RULES IS INCORPORATED IN THIS AKNOWLEDEGMENT BY REFERENCE.)</p>		
I, the undersigned, have read this acknowledgement.		
Signed: _____	Date: _____	
Participant's Full Name		
*Signed: _____ Date: _____		
Participant's Legal Guardian		
*Required if athlete is a minor		



RELEASE TO COMPETE WITH ORTHODONTIC/APPLIANCES

THIS FORM MUST BE ATTACHED TO THE BOXERS PASSBOOK

USA Boxing Rule 102.6(4)(g): Boxers who wish to compete with braces or other orthodontic appliances are required to have attached to their passbooks a completed Release To Compete With Orthodontic Braces/Appliances form. This form requires the written approval of their dentist/orthodontist, and parents/guardian (if under 18 years of age), and a dentist-molded mouthpiece. This includes upper and/or lower braces. Boxers competing with braces or other orthodontic appliances waive the right to dental coverage under the USA Boxing insurance program.

I understand the above rule and give my permission for _____
to compete. (boxer's name)

Dentist/Orthodontist Approval		
Print Name	Signature	Date

Parent/Legal Guardian Approval (if boxer is under 18 years of age)		
Print Name	Signature	Date

Athlete		
Print Name	Signature	Date



Oak City classic and 2010 NC State Junior Olympic Championships

April 24th, 2010

(Please Print)

Participant's Name: _____

Date of Birth: _____ Current School You Attend: _____

Address: _____

Parent(s)/Guardian(s): _____

Home Phone: _____ Work Phone: _____

Mobile Number: _____ Which number is best to reach you? _____

Does your participant take or have any of the following (If yes please explain)?

Medication: _____

Allergies: _____

Anything else that we should be aware about before your participant is involved in this competition?

In case of an Emergency (If parents cannot be reached) call:

Name: _____ Phone: _____

Address: _____

Relationship to participant: _____

Any Additional Comments: _____

***** In order for your participant to be involved in this event, you must review and sign the Participation Agreement on back *****

SPONSORED BY THE CITY OF RALEIGH PARKS AND RECREATION DEPARTMENT

Non-Discrimination Policy: The City of Raleigh Parks and Recreation Department does not discriminate on the basis of race, color, national origin, sex, religion, age, sexual orientation or disability in employment opportunities or the provision of services, programs or activities. A participant alleging discrimination on the basis of any of the aforementioned areas may file a complaint with either the Director of the Raleigh Parks and Recreation Department or the Office of Equal Opportunities. U.S. Department of Interior, Washington, D.C., 20240.

***** PLEASE FILL OUT INFO ON REVERSE SIDE *****



**City of Raleigh Parks and Recreation Department
Oak City Classic Boxing and 2010 NC State Junior Olympics Championships
Participation Agreement**

I acknowledge every effort will be made to contact parents/guardians in the case of a medical emergency. If I cannot be reached, I authorize the City of Raleigh Program Staff to seek appropriate medical (physician, dentist, nurse etc.) care for the above participant. I understand that only those medications which are medically necessary and cannot be scheduled outside the hours of the Recreation Program will be given during the program. I give permission for my child to be transported in vehicles provided by the City of Raleigh. Pictures may be taken of my child while participating in City activities and may be used for program publicity.

Parent/Guardian Signature: _____ **Date:** _____

WHEREAS, the undersigned has requested the use of services, equipment, or facilities belonging to or under the auspices of the City of Raleigh, North Carolina, and to engage in activities for the executive benefit of the undersigned; and

WHEREAS, the City of Raleigh does not wish to be liable for any damages arising from the personal injury or property damage sustained thereby;

Now, Therefore, in consideration of the mutual promises and other good and valuable consideration, the undersigned does hereby for himself, his heirs, executor, employers, successors or administrator, and personal representatives:

- A. Assume full responsibility for any personal injury or any damage to his/her personal property which may occur directly or indirectly in the course of the Oak City Classic Boxing Competition event.
- B. Fully and forever release and discharge the City of Raleigh, it's agents, officials and employees, from any and all claims, demands, damages, rights to action, or cause of action, present or future, resulting from or arising out of this activity.
- C. Agree that it is the intent of the undersigned that this release and indemnity agreement shall be in full force and effect any time after the execution hereof.

Name of Participant: _____

Dated: Date _____ **Month** _____ **Year** _____

Signature (of parent or guardian if under 18): _____

Address, City, State, and Zip: _____ **Telephone:** _____

WHEREAS, the Oak City Classic Boxing Competition Code of Ethics prohibits possession and/or use of alcoholic beverages and illegal drugs, and/or sexual interaction, or being present where individuals are partaking of any illegal substance or participating in sexual interaction, or any behavior that violates state or local laws, and

WHEREAS, the Oak City Classic Boxing Competition Code of Ethics demands that all members respect the property of others and the facilities in which the members visit.

We, the undersigned, have carefully read the foregoing release, know the contents thereof and sign it as our own free act. Any infraction of the above will necessitate the participant's parents being notified and participant sent home immediately upon discover. We understand it will be our responsibility to provide the participant's transportation after being dismissed from the activity for violation of the aforementioned Code of Ethics.

Signature of Parent/Guardian: _____ **Date:** _____

Participant's Signature: _____ **Date:** _____

