

Weight:

# OPEN/ELITE 18yrs-40yrs

2018 FLORIDA GOLDEN GLOVES

Entry Form application  
PLEASE WRITE LEGIBLY

NAME

ADDRESS

CITY

ZIP

EMAIL

USABOOK#

FLORIDA ASSOCIATION

FLORIDA GOLDCOAST

COACH:

CLUB NAME / UNATTACHED

DOB

AGE

Write in Division:

**M:** 108 – 114 – 123 – 132 – 141 – 152 –165 – 178 201 – 201+

## Athlete's registration form

In consideration of accepting this entry form, I, intending to be legally bound, hereby for myself, my heirs, executors, and administrators, waive and release any and all claims for damages I may have against Florida Golden Gloves, Golden Gloves Charities of South Florida, Florida Gold Coast Boxing, and Florida Association Boxing, their agents, representatives, and assigns for any and all injuries suffered by me at said boxing tournament.

Parent or Guardian Signature (If athlete is under 18)

Athlete's Signature

Official Use Only

Received By: \_\_\_\_\_