

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: _____

F: 106 – 112 – 119 – 125 – 132 – 141 – 152 – 165 – 178 – 178+

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: _____