The 2016 Mayor's Cup

Amateur Boxing Tournament

at Ridge Road Recreation Center
July 29 – 31, 2016

Important Dates

- **Online Entry Deadline:** Friday, July 22 at 11:59 pm
- **Late Online Entry Deadline:** Friday, July 29 at 12 noon
- **Event Dates/Times:** Friday, July 29; Saturday, July 30 and Sunday, July 31

Tournament Directors

- Jennifer C. Moore, DPR Sports, Health & Fitness Director || Sports.HealthandFitness@dc.gov
- Ricky Womack || Phone: (202) 528-7694

- ***Please note, DPR is processing all forms and payments. Forms and payments must be submitted ONLINE ONLY directly to DPR.***
- *This tournament is being held by the DC Department of Parks and Recreation and under the sanction of the Potomac Valley Association of United States Amateur Boxing.*
  Sanction # 16-10-12056

Tournament Schedule

Friday, July 29	Saturday, July 30	Sunday, July 31
10 am: Registration/Weigh ins	8 am: Weigh ins	10:30 am: Weigh ins/ Physicals begin
3 pm: Physicals start	11 am: Bouts begin (Semi-Finals)	12 noon: Bouts begin (Final)
6 pm: Amateur Bouts begin		

** Schedule is subject to change.*

Class Information

Division and Age – Age determination for boxers is by birth year.

Senior/Elite:	19 – 40 yrs	Intermediate:	13 – 14 yrs
Youth:	17 – 18 yrs	Bantam :	11 – 12 yrs
Junior:	15 – 16 yrs	Pee Wee:	8 – 10 yrs *(all Pee Wee's welcome)*

Registration Forms

Please follow the following process:

- *Print & complete the forms*
- *Return the forms (via email only) to Sports.HealthandFitness@dc.gov.*
- *Pay the registration fee (online only) at http://bit.ly/MayorsCupEntryFee – please note that any applications submitted without paying the fee, will be charged the late fee after July 22.*

Mayors Cup Amateur Boxer Tournament Entry Form
DPR Accident Waiver & Release of Liability Form
PVA Waiver/Warning Disclaimer
PVA Consent to Authorize Treatment
For the "**OFFICIAL'S REGISTRATION FORM**" please visit http://bit.ly/DPRMayorsCup.

Weight Classes

Male: Elite, Senior & Youth (lbs): 108, 114, 123, 132, 141, 152, 165, 178, 201, 201+
Female: Elite & Youth boxers (lbs): 106, 112, 119, 125, 132, 141, 152, 165, 178, 178+
Male & Female:

- Junior boxers (lbs): 101, 106, 110, 114, 119, 125, 132, 138, 145, 154, 165, 176, 176+
- Intermediate (lbs): 70, 75, 80, 85, 90, 95, 101, 106, 110, 114, 119, 125, 132, 138, 145, 154, 165, 176, 176+
- Bantam (lbs): 60, 65, 70, 75, 80, 85, 90, 95, 101, 106, 110, 114, 119, 125, 132, 138, 145
- Pee Wee weight classes: Any beginning weight with five pound increments.

Drawing & Bracketing

Head coaches only will be allowed in the drawing and bracketing session of the coaches meeting. **No Exceptions.**

Entry Information

All participating boxer's completed entry form (with fee payment) must be submitted online only. Please email completed (and signed) forms to Sports.HealthandFitness@dc.gov, AND visit http://bit.ly/MayorsCupEntryFee separately to pay the entry fee by July 22 at 11:59 pm. The entry form must include a complete United States Amateur Boxing 2016 Validation Sticker Number. **The entry form may be duplicated as needed.**

Entry Fee: The entry fee for each participant is $10. *(The late entry fee is $ 15.)* If an entry form is received without the entry fee payment attached, the late entry fees will be charged. Fees are not refundable.

Invitation/Entry Limitations: Participation in this tournament is by invitation only. All invitations are extended to the team coaches. The coach is required to be a United States Amateur Boxing certified coach, duly registered in his respective United States Amateur Boxing Association. DPR reserves the right to limit the number of entries for each team. All weights are welcome. Female weight class in accordance with USA Boxing rules.

Equipment and Apparel

Mouthpiece: All boxers are required to wear an individually fitted mouthpiece. Referees shall disqualify boxers who enter the ring with anything other than a fitted mouthpiece. **No red mouthpieces**.

Headgear and Boxing Gloves: USA Boxing approved, competitive headgear and thumb-attached gloves are mandatory for all contestants. USA approved no-foul protectors are required for all male boxers. All weight classes will use 12-ounce gloves.

Boxing Shirts: Boxers are required to wear a boxing shirt (sleeveless) while competing in the tournament. The boxer's legal name may also be included on the boxing jersey.

Admission

This event is free and open to the public.

Grooming

Boxers must be CLEAN SHAVEN before each weigh-in. **Boxers who do not report to the weigh-ins properly groomed, will be denied permission to weigh-in.**

Lodging

Holiday Inn Express, Washington, DC East at Andrews Air Force Base
5001 Mercedes Blvd | Camp Springs, MD 20746 | (301) 423-2323

Medical Authorization Forms

Coaches are responsible for bringing a signed medical treatment authorization form for each boxer under 18 years of age (the form is included in this packet). Coaches are required to keep forms on site at all times during the tournament for quick availability.

Officials

Boxing officials, judges, referees, and timekeepers are invited to officiate at this tournament. An official's registration application must include their United States Amateur Boxing registration number.

Referees, judges, and timekeepers in all sanctioned United States Amateur Boxing competitions shall be dressed in a white shirt, black trousers, and boxing shoes without heels. Judges and officials must have current 2016 certificates in their possession.

Team Representation

Boxers shall be required to represent the club in which they are registered. Each club will be permitted to enter a maximum of 60 boxers. Teams will not be permitted to enter more than two boxers in any weight category.

United States Amateur Boxing Passbooks

All boxers are required to present their 2016 United States Amateur Boxing Passbook prior to weigh-in. Passbooks must be presented at registration. **Boxers will NOT be permitted to register for United States Amateur Boxing Passbooks at the weigh-ins**. United States Amateur Boxing Passbooks must be secured in the boxer's United States Amateur Boxing Association district. There will be no exceptions made!

Weigh In

Weigh-ins and physicals will be at Ridge Road Recreation Center. Please note that weigh-ins and physicals will take place according to the scheduled times each day, no exceptions.

Ridge Road Recreation Center
810 Ridge Road, SE | Washington, DC 20019
(202) 671-0314 | sports.healthfitness@dc.gov

PLEASE NOTE THAT <u>ALL FORMS</u> IN THIS PACKET
MUST BE SUBMITTED VIA EMAIL ONLY TO Sports.HealthandFitness@dc.gov

The 2016 Mayor's Cup Amateur Boxing Tournament

DC Department of Parks and Recreation

BOXING ENTRY FORM

at Ridge Road Recreation Center

July 29 – 31, 2016

Sanction No. 16-10-12056 of the Potomac Valley Association

Please print or type all information

Date: _____

Name: _____

Address: _____

Home Phone:____-_____-_____Office:_____-_____-_____Email:_____

Date of Birth:_____ Age:_____ Division: _____ Weight: _____

U S Amateur Boxing Passbook Validation Sticker Number (mandatory): _____

Club Represented:_____ Number of Bouts: _____

Class: ____Open ___Elite ___Senior ___Intermediate ___ Junior ___Bantam ___ Youth ___ PeeWee

USA BOXING CODE OF CONDUCT

I, as a member of United States Boxing, Inc. (USA Boxing), understand and must comply with the guidelines as set forth in USA Boxing Code of Conduct. I understand that this Code of Conduct applies to any and all athlete and non-athlete members of USA Boxing while participating in USA Boxing sponsored activities. I also understand any and all athlete and non-athlete members are required to abide by this Code of Conduct and all United States Olympic Committee policies, rules, and regulations. By signing this Code of Conduct, I acknowledge that I have previously read it, understand it, and am willing to accept the conditions as outlined in it. I also acknowledge and accept the consequences and disciplinary procedures that could be enforced if I violate any of the codes.

_____ _____

Participant's Signature Date

_____ _____

Parent/Guardian's Signature (if under 18 years of age) Date

OFFICIAL USE ONLY

Fee Paid: _____

Date Received: _____

Other: _____

The 2016 Mayor's Cup Amateur Boxing Tournament
DC Department of Parks & Recreation (DPR)
ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Name of Activity, Event, or Program (hereinafter, the "Activity"):_____

Date(s) of Activity:_____

Location of Activity:_____

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THIS ACTIVITY, including, but not limited to, any risks that may arise from the condition of the equipment and/or real and personal property owned, managed, maintained, and/or controlled by the District at the location of the Activity.

I recognize that participation in the Activity can carry with it potential risks, including, but not limited to, bodily injury. I certify that I have not been advised to refrain from participating in the Activity by a medical professional. There are no health-related reasons or problems that preclude my participation in this Activity.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this Activity. However, this consent does not require DPR to initiate medical care on my behalf. I agree to accept full responsibility for and to pay for the cost of medical care, transportation and any other incidental expenses arising from any such event.

In consideration of receiving permission to participate in this Activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows:

(A) **I WAIVE, RELEASE AND DISCHARGE** the District of Columbia and its agencies, agents, employees, volunteers, contractors, sponsors, advertisers, partners, and/or representatives (each a "District Party" and collectively the "District Parties") from any and all liabilities, claims, penalties, suits, demands, judgments, costs, interest, and expenses (including, attorneys' fees and costs) (each a "Loss" and collectively the "Losses") including, but not limited to, Losses arising from or connected in any way to my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me in connection with the Activity including my traveling to and from this Activity;

(B) **I AGREE TO INDEMNIFY and HOLD HARMLESS** the District Parties for, from, and against any and all Losses arising or resulting from participation in this Activity;

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DC Department of Parks & Recreation (DPR)
ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

(Page 2)

I certify that I have read this document, that I am at least 18 years old and can sign this Waiver, and that I fully understand its content. I am aware that this is a release of liability and is a contract made in consideration of my participation in the Activity.

_____ _____ _____
Participant's Name (Print) Participant's Signature Date

_____
Participant's Phone # and Address

_____
Emergency Contact Name and Phone #

PARENT/GUARDIAN WAIVER FOR MINORS

The undersigned parent or legal guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child's or ward's participation in the Activity, and has agreed individually and on behalf of the child or ward, to the terms of this **ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM.** The undersigned parent or guardian further agrees to save and hold harmless and indemnify the District Parties from any and all liability, loss, cost, claim or damage whatsoever which may be imposed upon any District Party because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the minor's parents or legal guardians.

_____ _____
Signature of Parent/Legal Guardian Date

Print Name:_____

Print Address: _____

_____
Parent/Legal Guardian's Phone #

POTOMAC VALLEY ASSOCIATION
WAIVER/WARNING/DISCLAIMER

In consideration of your acceptance of this entry to participate in the Mayor's Cup Amateur Boxing Tournament, and activities connected to same, I, for myself, heirs, executors, successors and assigns and personal representatives hereby waive and release any and all rights to any claims for damages I may or might have against the Potomac Valley Association, and United States Amateur Boxing, their members, officers, employees or agents, sponsors and venue owners, or the officers, sub-committees, agents, representative and assigns of these entitles, for any injury or damage suffered by me, or my child, whether arising from the negligence of the releases or otherwise, all claims, actions, suits, proceedings, costs, expenses, damages and liabilities arising out of, compiled with or resulting from, my or my child's participation in the Mayor's Cup Invitational Amateur Boxing Tournament, including, without limitation, any injuries or damages, and/or arising from traveling to and/or returning from the Mayor's Cup Amateur Boxing Tournament.

I agree for myself and my heirs, distributees, guardians, legal representatives, and assigns that in the event that any claims for personal injury, death, or property damage shall be prosecuted against the Potomac Valley Association or United States Amateur Boxing their members, officers, employees, or agents, I shall indemnify and hold harmless the Potomac Valley Association or United States Amateur Boxing their members, officers, employees, or agents from any and all such claims or causes of action by whoever made and wherever presented.

I agree to abide by the rules of the United States Amateur Boxing. If I observe any unusual, significant violations or hazards during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately. 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 insistence of any of the named parties are not an admission of liability to provide or continue to provide any such services and is not a waiver by any of said parties of any right or rights hereunder.

I certify that I have no injuries to my hands, neither fractures nor broken bones, within three (3) 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 sport carries a risk to me of serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize, accept, and assume this risk.

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POTOMAC VALLEY ASSOCIATION
WAIVER/WARNING/DISCLAIMER

(Page 2)

FEMALE BOXERS ONLY: I further certify that I am not pregnant, or have any painful pelvic discomfort such as symptomatic endometriosis or other causes, abnormal vaginal bleeding of undetermined causes (Etiology), recent loss of menstrual period (second amenorrhea), recently developed breast mass, recent breast dysfunction previously not present or surgical breast implants, and have read section 101.9(4) of USA Boxing Official Rules pertaining to my present condition.

I have carefully read this Release of Liability. I fully understand its contents. I am aware that this is a release of liability. I sign same of my own free will.

Participant's Signature:_____Date:_____

Signature of Parent/Guardian (if under 18 years of age): _____

Address/City/State/Zip: _____

Coach Signature:_____Tele.:_____-_____-_____

Address/City/State/Zip: _____

Coach's U.S. Amateur Boxing Card Validation Sticker Number: _____

Signed in the Presence of:_____Date: _____

The Potomac Valley Association United States Amateur Boxing, Inc. may reject any entry it deems objectionable.

POTOMAC VALLEY ASSOCIATION
CONSENT / AUTHORIZATION OF TREATMENT

As the parent or legal guardian of_____, I hereby authorize and give my consent for any emergency medical, surgical, or dental treatment for my child (listed above), should it be deemed advisable by a qualified medical doctor or dentist.

Mr. & Mrs._____, coach, or another responsible adult escort is authorized to act on my behalf should a medical/dental emergency arise while participating in the 2016 Mayors Cup. I understand this is to avoid undue delay and assure prompt attention/treatment and that only a licensed and qualified medical doctor/dentist will be engaged for such an emergency.

During this period, the parent or legal guardian of the above named child will be at the following location:

Signature:_____Tel.:_____-_____-_____

Address: _____

City:_____State:_____ Zip: _____

Email: _____

PLEASE NOTE THAT ALL FORMS IN THIS PACKET MUST BE SUBMITTED VIA EMAIL ONLY TO Sports.HealthandFitness@dc.gov.