Columbus Recreation & Parks
AMATEUR BOXING TOURNAMENT
Showcased at the Ohio State Fair
July 23–26, 2014

Showplace Pavilion

Entry Deadline ($6 fee): July 12 (note mailing address change listed below)
Late Entry Deadline ($20 fee): July 12 (received after the above Entry Deadline)
Event Date/Time:
July 23 – 25 starting at 6p
July 26 starting at 12p Finals

Leaders:
- Gene Campbell, Director - 419/337-1518 or 419/335-1156
- John Frissora, Director - 614/645-3312

Sanction - Tournament held under the sanction of the Ohio Association of United States Amateur Boxing. Sanction No. 14-017-004.

Awards - Trophies and medallions sponsored by the Ohio State Fair will be awarded in all age levels.

Boxing Schedule:
- TUE – JUL 22 1p-5p Registration & Weigh-Ins – Douglas Rec. Center
- WED – JUL 23 6p Competitions start
- THR – JUL 24 6p Preliminaries
- FRI – JUL 25 6p Semi Finals
- SAT – JUL 26 12p Finals

Class Information:
- Division & Age - Age determination for boxers is by birth year.
  - Senior age: 17-40 years
  - Novice age: 17-40 years (0 to 10 bouts)
  - Junior age: 15-16 years
  - Intermediate age: 13-14 years
  - Bantam age: 11-12 years
  - Pee Wee age: 8-10 years (all PeeWees welcome)
- Weight Classes - Male:
  - Senior and Novice weight classes: 108, 114, 123, 132, 141, 152, 165, 178, 201, 201+
  - Pee Wee weight classes: Any beginning weight with five pound increments.
- Weight Classes - Female:
  - Pee Wee weight classes: Any beginning weight with five pound increments.
- Drawing and Bracketing - Head coaches only will be allowed in the drawing and bracketing session of the coaches meeting – No Exceptions.

Entry Information:
- Entries - The boxer’s completed entry form MUST be received in the office of the director of boxing by July 12 by 5p. The boxer’s entry form must include the complete United States Amateur Boxing 2014 Validation Sticker Number. The entry form may be duplicated as needed.
- Entry Fee - The advance entry fee for each contestant is $6.00. Any entries received after July 12 will be $20.00. If an entry form is received without the entry fee attached, the late entry fees will be charged at contestant(s) check-in. Checks written for insufficient funds will be handled through your State Boxing Association. Entry fees are not refundable. Make checks or money orders payable to: Columbus Boxing CRC.
**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. The director of boxing reserves the right to limit the number of entries for each team. All weight 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.

**Fair Admission & Parking:**
- Each boxer will receive one admission ticket for each day he/she is scheduled to box. Each coach, official, or referee will also receive a ticket for each day they are scheduled to work or have boxers competing.
- Tickets are distributed to the coaches at coaches and officials meetings. Officials will receive their passes when they attend the mandatory official’s meeting. If an official misses this meeting, he/she will have to pay to get on to the Fair grounds that first night.
- Complimentary parking tickets are provided for the officials for the general parking area. All boxers and coaches will be required to park in general parking and pay the $5.00 per day parking fee.
- The Ohio State Fair Discount Ticket Order Form is available online, which includes discounted ride wristbands purchased in advance.

**Grooming:**
- Boxers must be **CLEAN SHAVEN** before each weigh-in. **Boxers who do not report to the weigh-ins groomed as required will be denied permission to weigh-in.**

**Lodging:**
- The Ohio Expo Center’s Hotel Partners are listed below. Be sure to ask for the special OEC/OSF rate when you make reservations.

**Medical**
- **Medical Authorization Forms** - Coaches are responsible for bringing a signed and notarized medical treatment authorization form for each boxer under the age of 18 years (included in this packet). Coaches are required to keep these treatment 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. Official’s registration application must include their United States Amateur Boxing registration number. **All referees must be given a physical.** We encourage all cities to bring volunteer timers, judges, and referees.
- 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 certificates in their possession for 2014.

**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 2014 United States Amateur Boxing Passbook prior to being permitted to weigh-in on July 22. **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-Ins:**
- **TUE – July 22 1p - 5p** Douglas Rec. Center, 1250 Windsor Ave., Cols, OH 43211, Tele.: 614/645-7407
- **Drawings will be held immediately following the coaches and officials meeting at 7:00 p.**
- **Physical exams will be held at the Showplace Pavilion 4:30p – 5:30p each day you box.**

**Websites:**
- Ohio Expo Center – [www.ohioexpocenter.com](http://www.ohioexpocenter.com)
- Columbus Recreation Center and Parks – [www.columbusrecparks.com](http://www.columbusrecparks.com)
Dear Boxing Coaches and Officials:

The Ohio State Fair will host the 47th annual Boxing Tournament on Wednesday, July 23, 2014 through Saturday, July 26, 2014. We invite you, your boxers, and your club to compete in this tournament.

Important information about the tournament and entry form is enclosed. Please duplicate as needed. Read this information thoroughly, as many areas have updated information that affects your participation.

An application for officials willing to assist with the competition is also enclosed. We hope you will bring someone along from your area that can volunteer to help.

Also enclosed is a list of hotels in the area that have partnered with the Ohio State Fair to offer rooms at discounted rates. Be sure to ask for the "Fair Rate" when making reservations.

A form to order Ohio State Fair admission tickets at a discounted rate is enclosed for others who plan to come with you. This form may be duplicated.

Make plans now to attend the Ohio State Fair and participate in the 47th Annual Boxing Tournament.

Sincerely,

Gene Campbell
President Ohio Association USA Boxing, Inc.
BOXING ENTRY FORM
Ohio State Fair National Invitational Boxing Tournament
Registration - July 22, 2014
Event – July 23 – July 26, 2014
Sanction No. 14-017-004 of the Ohio Association

Please print or type all information
Date: _______________

Name: ____________________________________________________________________________

Address: __________________________________________________________________________

Home Tele.: ______-______-________ Office: ______-______-_______ Cell: ______-______-________

Date of Birth: _________________ Age: _____ Enter me in (weight): _______________ division

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

Club Represented: _______________________________________ Number of Bouts: _____________

Class:     ___ Open       ___ Novice       ___ Senior       ___ Intermediate       ___ Junior       ___ Bantam

MAKE CHECKS PAYABLE TO: Boxing CRC.

RETURN ENTRY FORM WITH $6.00 ENTRY FEE TO:
Jerry Hammond Building
c/o John Frissora
1111 E. Broad Street
Columbus, OH  43205

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: _____________
WAIVER/WARNING/DISCLAIMER

In consideration of your acceptance of this entry to participate in the 47th Annual Ohio State Fair Invitational 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 Ohio Expositions Commission, Ohio 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 entities, 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 47th Annual Ohio State Fair Invitational Amateur Boxing Tournament, including, without limitation, any injuries or damages, and/or arising from traveling to and/or returning from the Ohio State Fair 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 Ohio Expositions Commission, Ohio Association or United States Amateur Boxing their members, officers, employees, or agents, I shall indemnify and hold harmless the Ohio Expositions Commission, Ohio 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.

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 Ohio Association United States Amateur Boxing, Inc. may reject any entry it deems objectionable.
47th Annual Ohio State Fair
National Invitational Amateur Boxing Tournament
OFFICIAL’S REGISTRATION FORM
Sanction Number: 14-017-004

Name: ____________________________________________
(last)           (first)           (middle)

Address _____________________________________________________________________________

City: ______________________________________ State: ________ Zip: ______________________

Telephone: ______-______-_______ Office: ______-______-_______ Cell: ______-______-_______

Date of Birth: ___________________ Age: _____ Email:_________________________________

Physical Restrictions: __________________________________________________________________

____________________________________________________________________________________

PLEASE CIRCLE CHOICE  Do you wish to serve as:

___ Referee   ___ Judge   ___ Timer   ___ Knockdown Judge   ___ Coach   ___ Other (please explain below)

____________________________________________________________________________________

How long have you been acting in the capacity of:

___ Judge   ___ Referee   ___ Timer   ___ Knockdown Judge   ___ Coach

List major bouts, amateur tournaments, you have officiated in during the past five (5) years:

<table>
<thead>
<tr>
<th>EVENT</th>
<th>WHERE</th>
<th>WHEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please remember that all referees must have a physical examination when they report for the tournament.

Please indicate the following:  Your Arrival Date: ________________________

( ) I will be able to work the entire tournament
( ) I will be able to work Wed. July 23
( ) I will be able to work Thu. July 24
( ) I will be able to work Fri. July 25
( ) I will be able to work the Finals on Sat. July 26
( ) Sorry, I will NOT be able to work this year.

RETURN FORM TO:  Jerry Hammond Building
                 c/o John Frissora
                 1111 E Broad St
                 Columbus Ohio 43205
Your Association Boxing Chairperson:

Name: _______________________________________________________________________________________

Address: _____________________________________________________________________________________

City: _____________________________________________ State: _________ Zip Code: _______________

Tele.: ______-______-________ Office: ______-______-________ Cell: ______-______-________

Email: _______________________________________________________________________________________

ALL OFFICIALS (coaches, seconds, judges, referees, timers, etc.) are required to be a registered official in good standing with the United States Amateur Boxing Association. Officials are required to register through their local United States Amateur Boxing Association committee. I certify that I am a registered United States Amateur Boxing Official.

Signature: ______________________________________________________________ Date: ________________

My U S Amateur Boxing Validation Sticker Number: __________________________________________________

COACHES ONLY:

Name of city your team represents: ______________________________________________________________

Signature: ______________________________________________________________ Date: ________________

WAIVER/WARNING/DISCLAIMER
In consideration of your accepting this entry, hereby, for myself, my heirs, executors, administrators, 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 committees of USA Boxing, the Ohio Expositions Commission, and all sponsors and venue owners, or the officers, sub-committees, agents, representative or assigns of these entitles for any injury or damage suffered by me, whether arising from the negligence of the releasees or otherwise during my participation in, and/or arising from traveling to and/or returning from the Ohio State Fair Boxing Tournament.

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, is 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.

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.

Signed________________________________________________________ Date____________________________

Spouse
Signature______________________________________________________ Date____________________________

**PASSBOOK NEEDED

USA BOXING CODE OF CONDUCT
I, as a member of the United States Boxing, Inc. (USA Boxing), understand and must comply with the guidelines as set forth in USA Boxing’s 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.

Signature________________________________________________________ Date: ______________________________
CONSENT FOR SOMEONE ELSE TO AUTHORIZE 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 2014 Ohio State Fair Invitational Amateur Boxing Tournament. 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: _________________________________________  Tele.: ______-______-________
Address: ______________________________________________________________________
City: _____________________________________  State: _______  Zip: ______________
Email: ________________________________________________________________________

YOU MUST APPEAR BEFORE A NOTARY PUBLIC TO COMPLETE THIS SECTION

I solemnly swear or affirm that the answers I have made to each and all of the questions on the form are complete and true to the best of my knowledge and belief.

______________________________________________________ __________________  
Participant or Signature of Parent/Guardian (if under 18 years of age)  Date

Subscribed and duly sworn before me according to law, by the above named applicant this __________day of ________, 2014, at_____________________, County of and State of _______.

Signature of officer____________________________________________________________

Official title____________________________________________________________________
47th Annual Ohio State Fair
National Invitational Amateur Boxing Tournament Schedule
REGISTRATION TUESDAY, July 22
July 23 – July 26, 2014

TUE, JULY 22

1p - 5p ............................................................... Weigh-ins & Registration at Douglas Rec. Center
5p ...................................................................... WEIGH-INS CLOSED!! NO EXCEPTIONS
5:30p - 6:30p ..................................................... Coaches Meeting at Douglas Center
1250 Windsor Avenue, Columbus, OH 43211
6:30p .................................................................. Tickets/parking permits
7:00 p .................................................................. (participants/officials/coaches)
9:00p .................................................................. Drawing and bracketing

WED, JULY 23

10:00a ............................................................... Weigh-ins at Douglas Center
4:30p - 5:30p ..................................................... Final weigh-ins and physicals at Fairgrounds
5:30p ................................................................. Officials report to ringside.
5:50p ................................................................. Officials receive instructions
6:00p ................................................................. First bouts begin

THU, JULY 24

10:00a ............................................................... Weigh-ins at Douglas Center
4:30p - 5:30p ..................................................... Final weigh-ins and physicals at Fairgrounds
5:30p ................................................................. Officials report to ringside
5:50p ................................................................. Officials receive instructions
6:00p ................................................................. Bouts begin

FRI, JULY 25

10:00a ............................................................... Weigh-ins at Douglas Center
4:30p - 5:30p ..................................................... Final weigh-ins and physicals at Fairgrounds
5:30p ................................................................. Officials report to ringside
5:50p ................................................................. Officials receive final instructions
6:00p ................................................................. Bouts begin

SAT, July 26

10:30a - 11:30a ..................................................... Weigh-ins and physicals at Fairgrounds
11:30a ............................................................... Officials report to ringside
12:00p ................................................................. Bouts begin

NOTE: There will be no weigh-in or physicals after 5:30p on Wednesday, July 23 – Friday, July 25. There will be no weigh-in or physicals after 11:30a on Saturday, July 26.

SCHEDULE SUBJECT TO CHANGE