Ohio State Fair
Columbus Recreation & Parks
Amateur Boxing Tournament
July 27 – July 30, 2016

Entry Deadline ($6 fee): July 18, 2016 (mail entries to Jerry Hammond Building, c/o John Frissora, 1111 E. Broad St., Columbus, OH 43205)
Late Entry Deadline ($20 fee): July 18, 2016 (received after the above Entry Deadline)
Event Date/Time: July 27 – July 29, 2016 - 6pm
July 30, 2016 - 12pm 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. 16-017-012.

Awards - Trophies or medallions will be awarded in all age levels.

Boxing Schedule:

• TUE – JUL 26	1pm-4pm	Registration & Weigh-Ins – Douglas Rec. Center
• WED – JUL 27	6pm	Competitions starts
THU- JUL 28	6pm	Competition
• FRI – JUL 29	6pm	Competition
• SAT – JUL 30	12pm	Finals

Class Information:

- **Division & Age -** Age determination for boxers is by December 31, 2016.

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
PeeWee Age:	9-10 years (All PeeWees Welcome)
PeeWee Age:	8 years (born in 2008 before July 25, 2016)

- **Weight Classes - Male:**
  - Senior and Novice weight classes: 108, 114, 123, 132, 141, 152, 165, 178, 201, 201+
  - Bantam, Intermediate, Junior weight classes:80, 85, 90, 95, 101, 106, 110, 114, 119, 125, 132, 138, 145, 154, 165, 178, 178+
  - PeeWee weight classes: Any beginning weight with five pound increments.
- **Weight Classes - Female:**
  - Elite and Novice weight classes: 106, 112, 119, 125, 132, 141, 152, 165, 178, 178+
  - Bantam, Intermediate, Junior weight classes: 80, 85, 90, 95, 101, 106, 110, 114, 119, 125, 132, 138, 145, 154, 165, 178, 178+
  - PeeWee 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 at the Jerry Hammond Building, c/o John Frissora, 1111 E. Broad St., Columbus, OH 43205 by July 18, 2016 by 5pm. The boxer's entry form must include the complete United States Amateur Boxing Boxer ID number along with entry fee. 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 18, 2016 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.

The director of boxing reserves the right to limit the number of entries for each team. All weights welcome.

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 10 –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 ID 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 2016.

Team Representation - Boxers shall be required to represent the club in which they are registered.

United States Amateur Boxing Passbooks - All boxers are required to present their 2016 United States Amateur Boxing Passbook prior to being permitted to weigh-in on July 26, 2016. **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!

Weigh-Ins:

- TUE – JUL 26 1pm-4pm, Douglas Rec Center, 1250 Windsor Ave, Columbus, OH 43211 Tele.: 614/

- Drawings will be held immediately following the coaches and officials meeting at 6:00 PM.
- Physical exams will be held at the Showplace Pavilion 4:30pm – 5:30pm each day you box.

Websites:

- Ohio Expo Center – www.ohioexpocenter.com
- Ohio State Fair - www.ohioexpocenter.com/osf/osf.php

Columbus Recreation Center and Parks – www.columbusrecparks.com

Dear Boxing Coaches and Officials:

The Ohio State Fair will host the 49th annual Boxing Tournament on Wednesday, July 27, 2016 through Saturday, July 30, 2016. 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 49th Annual Boxing Tournament.

Sincerely,

Gene Campbell
President Ohio Association USA Boxing, Inc.

BOXING ENTRY FORM
Ohio State Fair National Invitational Boxing Tournament
Registration - July 26, 2016
Event – July 27 – July 30, 2016

Sanction No. 16-017-012 of the Ohio Association

Please print or type all information Date: _____

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Home Tele.:_____-_____-_____Office:_____-_____-_____Cell:_____-_____-_____

Date of Birth: _____ Age: _____ Enter me in (weight):_____division

U S Amateur Boxing Passbook Identification Number (mandatory): _____

Club Represented: _____Number of Bouts: _____

Class: ____Senior ___Novice ___Junior ___Intermediate ___Bantam ___PeeWee

Male_____ Female_____

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 49th 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 entitles, for any injury or damage suffered by me, or my child, whether arising from the negligence of the releasees 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 49th 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.

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 Identification Number: _____

Signed in the Presence of:_____Date: _____

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

49th Annual Ohio State Fair

National Invitational Amateur Boxing Tournament

OFFICIAL'S REGISTRATION FORM

Sanction Number 16-017-012

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:

EVENT	WHERE	WHEN

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 entire tournament
( ) I will be able to work Wednesday, July 27
( ) I will be able to work Thursday, July 28
( ) I will be able to work Friday, July 29
( ) I will be able to work Finals on Saturday, July 30
( ) 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, OH 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 Identification Number: _____

COACHES ONLY: Name of your team: _____

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**

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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 2016 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_____, 2016, at_____, County of_____ and State of_____.

Signature of officer_____

Official title_____

49th Annual Ohio State Fair

National Invitational Amateur Boxing Tournament Schedule

REGISTRATION TUESDAY, July 26

July 27 – July 30, 2016

TUESDAY, July 26, 2016

1pm-4pm ..... Weigh-ins & Registration at Douglas Rec. Center.
4pm ..... **WEIGH-INS CLOSED!! NO EXCEPTIONS**
4:30pm-5:30pm ..... Coaches Meeting at Lula Pearl Douglas Rec. Center
1250 Windsor Ave., Columbus, OH43211
5:30pm ..... Tickets/parking permits
(participants/officials/coaches)
6:00 pm ..... Drawing and bracketing

WEDNESDAY, JULY 27, 2016

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

THURSDAY, JULY 28, 2016

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

FRIDAY, JULY 29, 2016

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

SATURDAY, July 30, 2016

10:00am-11:00 am ..... **All Weigh-ins and physicals at Fairgrounds**
11:30am ..... Officials report to ringside
12:00pm ..... Bouts begin

NOTE: There will be no weigh-in or physicals after 5:30pm Wednesday, July 27 – Friday, July 29, 2016.
There will be no weigh-in or physicals after 11:30am Saturday, July 30, 2016.

SCHEDULE SUBJECT TO CHANGE