



# AUSTRALIAN NATIONAL BOXING FEDERATION QLD INC APPLICATION FOR REGISTRATION OR RENEWAL AS A BOXER

Surname \_\_\_\_\_ Christian Names \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Photographic evidence of identity (please provide at least one of the following)**

Photo Driver's Licence Number \_\_\_\_\_

Photo Medical Record Book of Boxer Number \_\_\_\_\_

Other Identification (please state) \_\_\_\_\_

**Name used for boxing** \_\_\_\_\_

**Trainer's name** \_\_\_\_\_

**Manager's name** \_\_\_\_\_

1. Boxer must have yearly medical and fill in form provided.
2. Boxer must advise of the number of previous boxing, kick boxing and martial arts contests.

**AMATEUR**

No. Bouts \_\_\_\_\_ Won Pts \_\_\_\_\_ Won KO \_\_\_\_\_ Lost Pts \_\_\_\_\_ Lost KO \_\_\_\_\_

**PROFESSIONAL**

No. Bouts \_\_\_\_\_ Won Pts \_\_\_\_\_ Won KO \_\_\_\_\_ Lost Pts \_\_\_\_\_ Lost KO \_\_\_\_\_

**KICK BOXING/MARTIAL ARTS**

No. Bouts \_\_\_\_\_ Won Pts \_\_\_\_\_ Won KO \_\_\_\_\_ Lost Pts \_\_\_\_\_ Lost KO \_\_\_\_\_

**3. Boxer must advise of the results of their last three (3) contests (note false records may result in suspension)**

Details of last three (3) bouts)

Date	Opponent	Result	Doctor's Comments

**4. Have you ever been licensed as a boxer? If yes, complete the following:**

**Association licensed with** \_\_\_\_\_ **Year(s) licensed** \_\_\_\_\_

**Name(s) used** \_\_\_\_\_

5. Boxer must sign and return this form, medical form, serology test results and 2 passport photos to the Medical Registrar. A **\$20** payment must be made by sending a cheque or money order made payable to ANBF QLD to the Medical Registrar or Direct Deposit to Bank of Queensland BSB 124-032 A/C 11010121 A/C Name Australian National Boxing Federation (Qld) Inc and email receipt to anbfqld@gmail.com

6. No boxer shall be licensed by two associations at one time, he shall only use one licence.

7. No boxer shall be allowed to take part in any contest without having his licence with him. He must ensure it is completed after all contests

I, the boxer, hereby state that all information I have given is true and correct and that I agree to abide by the regulations as set out above. I understand that boxing is a full contact sport and that injuries, or even death could occur. I sign this form of my own free will.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Boxer**

**Complete form and return to the Medical Registrar: Mr John Hogg, PO Box 873, Coorparoo, 4151**

**Telephone: (07) 3397 8754 Email: johnhogg6@bigpond.com**

