



**USAG BAVARIA
ST. PATRICK'S DAY
BOXING INVITATIONAL CHAMPIONSHIP
MEMORIAL FITNESS CENTER, BLDG. 616
ROSE BARRACKS, VILSECK
15 MARCH 2025**



REGISTRATION FORM

PLEASE PRINT ALL INFORMATION

Name (Last, First, Middle)

Rank/Grade

Gender

UNIT

CMR

BOX

APO

Cell Phone

Email Address:

Community:

Home State:

WEIGHT DIVISIONS

MALE

- | | | |
|-----|------------------|--------------------|
| 1. | 106 LBS = 48KG | LIGHT-FLYWEIGHT |
| 2. | 112 LBS = 51KG | FLYWEIGHT |
| 3. | 119 LBS = 54KG | SUPER-FLYWEIGHT |
| 4. | 125 LBS = 57KG | BATTAMWEIGHT |
| 5. | 132 LBS = 60KG | FEATHERWEIGHT |
| 6. | 139 LBS = 63.5KG | LIGHTWEIGHT |
| 7. | 147 LBS = 67KG | LIGHT-WELTERWEIGHT |
| 8. | 156 LBS = 71KG | WELTERWEIGHT |
| 9. | 165 LBS = 75KG | LIGHT-MIDDLEWEIGHT |
| 10. | 176 LBS = 80KG | MIDDLEWEIGHT |
| 11. | 189 LBS = 86KG | LIGHT-HEAVYWEIGHT |
| 12. | 203 LBS = 92KG | HEAVYWEIGHT |
| 13. | 203+ LBS = 92+KG | SUPER-HEAVYWEIGHT |

FEMALE

- | | | |
|-----|------------------|--------------------|
| 1. | 106 LBS = 48KG | LIGHT-FLYWEIGHT |
| 2. | 110 LBS = 50KG | FLYWEIGHT |
| 3. | 114 LBS = 52KG | SUPERFLYWEIGHT |
| 4. | 119 LBS = 54KG | BATTAMWEIGHT |
| 5. | 125 LBS = 57KG | FEATHERWEIGHT |
| 6. | 132 LBS = 60KG | LIGHTWEIGHT |
| 7. | 139 LBS = 63KG | LIGHT-WELTERWEIGHT |
| 8. | 146 LBS = 66KG | WELTERWEIGHT |
| 9. | 154 LBS = 70KG | LIGHT-MIDDLEWEIGHT |
| 10. | 165 LBS = 75KG | MIDDLEWEIGHT |
| 11. | 178 LBS = 81KG | LIGHT-HEAVYWEIGHT |
| 12. | 178+ LBS = 81+KG | HEAVYWEIGHT |

CURRENT WEIGHT: _____

CURRENT AGE: _____

RECORD OF BOUTS: WON _____ LOSS _____

In consideration for participating in this program, I the undersign hereby waive and release any and all rights for claims, for damages against U.S Army Europe, USAG Bavaria F&MWR Sports & Fitness and any other agency associated with the conduct of this program which include all preparation in planning and execution. This waiver includes releasing the above-mentioned agencies, organizations and activities for any injury I might suffer while participating in this event. Additionally, I hereby authorize emergency medical treatment if needed. I affirm that the given age and ability level are correct.

SIGNATURE: _____

DATE: _____