USAG BAVARIA
BOXING INVITATIONAL
MEMORIAL FITNESS CENTER, BLDG. 616
ROSE BARRACKS, VILSECK
14 AUGUST 2021

REGISTRATION FORM

PLEASE PRINT ALL INFORMATION

_____   _____   _____   _____
Name (Last, First, Middle)   Rank/Grade   SSN (Last 4)   AGE

_____   _____   _____   _____
UNIT   CMR   BOX   APO

Cell Phone _____   Email Address: _____

Community:_____

WEIGHT DIVISIONS

MALE			FEMALE		
1.	108 LBS	LIGHT FLYWEIGHT	106 LBS	LIGHT FLYWEIGHT	
2.	114 LBS	FLYWEIGHT	110 LBS	FLYWEIGHT	
3.	123 LBS	BANTAMWEIGHT	119 LBS	BANTAMWEIGHT	
4.	132 LBS	FEATHERWEIGHT	125 LBS	FEATHERWEIGHT	
5.	141 LBS	LIGHTWEIGHT	132 LBS	LIGHTWEIGHT	
6.	152 LBS	LIGHT WELTERWEIGHT	141 LBS	LIGHT WELTERWEIGHT	
7.	165 LBS	WELTERWEIGHT	152 LBS	LIGHT MIDDLEWEIGHT	
8.	178 LBS	LIGHT MIDDLEWEIGHT	165 LBS	MIDDLEWEIGHT	
9.	201 LBS	LIGHT HEAVYWEIGHT	178 LBS	LIGHT HEAVYWEIGHT	
10.	201 LBS	SUPER HEAVYWEIGHT	178+ LBS	HEAVYWEIGHT	

CURREN WEIGHT: _____

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 authorized emergency medical treatment if needed. I affirm that the given age and ability level are correct.

SIGNATURE: _____   DATE:_____