

2017 NEW MEXICO GOLDEN GLOVES STATE TOURNAMENT OFFICIAL ENTRY FORM

Name:	Age:Da	ate of Birth:	Sex:
Address:	City:	Sta	te:Zip:
Team:	Phone #:		
USA Reg#:(8	3-9-10)(11-12)(1	3-14)(15-16)_	<u></u>
S	ub-NoviceNovice_	Open	
55_ 60_ 65_ 70_ 75_ 125_ 132 _ 138_ 141 _			189+_ 201 _ 201+
	signed before contestan under 18, parent or gu	t is accepted into th	nis tournament.
In consideration of the G Center and the County of Be and administrators, waive a entrants and against the ab assign for any and all injurie	nd release any and all righove mentioned organization	ry, I hereby for myse its and claims I may l ins, their sub-commit	lf, my heirs, executors, have against other
Contestant	Parent o	or Guardian	
Witness	Coach		Date
	thorization for another to cor or those under 18, the paren		
As the parent or legal guar any emergency medical, surgic advisable by a qualified medical adult escort is authorized to act the Golden Glove Tournament, or treatment, and that only a lemergency. During this period following location:	al doctor or dentist. Mr tt on my behalf should a med I understand that this is to icensed and qualified medica I, the parent or guardian of t	minor listed above, sh , coa lical/dental emergency avoid undue delay and I doctor/dentist will be	ould it be deemed ach, or another responsib arise while participating in ensure prompt attention engaged for such
Name:	Phone #		
Parent or Guardian Signatu	re:	Date:	
Contestant Signature:		Date:	
Official Weight:	Ar	e you a US Citizen? Yo	es No

Birth Certificate is required for Open Tournament