

2018
19th ANNUAL MANUEL TORREZ
BOXING CLASSIC



WHEN: October 27 & 28 2018
Day 1: weigh ins 10-12 am Bouts start 5pm
Day 2: weigh ins 8-10 am Bouts start 12 pm

WHERE: Tulare Western High School Gym
824 West Maple Ave. Tulare, CA 93274

For further information contact: Richard Torrez @ 559-905-8933

Mail application to:

TAC Boxing
1919 Shaver Lake Ave
Tulare CA 93274

\$10 Entry Fee

The Manuel Torrez International Boxing Classic has become one of the premier tournaments in California. This tournament was started to honor Manuel, the founding father of the Central California Association, for his contribution and dedication to the sport of boxing and the youth involved. This tournament is designed to provide amateurs boxers of various skills the opportunity to experience top-notch competition with boxers from across the state.

Tournament Director: Richard Torrez Phone: 559-905-8933,
Email: tacboxing@gmail.com
Forms and Information can be Downloaded at:
tacboxing.com

Hotels:

Best Western Town & Country
1051 N. Blackstone Ave.
Tulare 93274 Ph. (559) 686-4700

Fairfield Inn & Suites
1225 Hillman St, Tulare, CA 93274
Tulare 93274 Ph. (559) 688-7537

La Quinta Inn & Suites
1500 Cherry Ct.
Tulare, CA 93274 Phone: (559) 687-1246

Comfort Suites
Address: 1021 N Blackstone St,
Tulare CA 93274 Ph.559-685-8900

Hampton Inn & Suites
1100 N Cherry St, Tulare 93274
Ph: (559) 686-8700

Quality Inn
Address: 1010 E Prosperity Ave,
Tulare, 93274 Ph. (559) 686-3432

Red Roof Inn
1183 N Blackstone St Tulare, 93274
Phone: (559) 686-0985

TAC Team Doctor will be Dr. Parmod Kumar

Competition site: Tulare Western High School Gym
824 West Maple Ave. Tulare, CA 93274

Weigh ins: Saturday Oct 27: 10 am - 12 pm
Sunday Oct 28: 8 am - 10 am

Competition: Saturday Oct. 27: 5 pm
Sunday Oct. 28: 12 pm

OPEN BOXERS MUST HAVE A MINIMUM OF 10 BOUTS. WALKOVERS AND UNOPPOSED VICTORIES ARE NOT COUNTED AS EXPERIENCE AND DO NOT COUNT TOWARD THE 10 REQUIRED BOUTS TO BE OPEN. (MINIMUM BOUT REQUIREMENTS DO NOT APPLY TO JUNIORS OR MASTER DIVISION BOXERS)

****Complete and return entry forms to****

TAC BOXING
1919 SHAVER LAKE AVE
TULARE CA 93274
WALK INS ARE WELCOMED

UNITED STATES AMATEUR BOXING COMPETITIONS
ATHLETE ENTRY FORM

Name of Competition: 2018 Manuel Torrez Boxing Classic

THIS ENTRY FORM AND RELEASE IS A CONTRACT WITH LEGAL CONSEQUENCES
MAKE SURE YOU HAVE BEEN ADVISED TO AND HAVE READ IT CAREFULLY BEFORE SIGNING

NAME: _____

Address _____
City State Zip

Phone # (_____) _____ Cell Ph. # (_____) _____

Birthdate _____ Age as of **Oct27, 2018** _____ 2018 Passbook Number _____

Coach #1 _____ phone # (_____) _____

Coach # 2 _____ phone # (_____) _____

Boxing Club representing _____

Do you wear Dental Braces? Yes _____ No _____ (If yes, you must comply with Article 2, 102.6(g) USA Boxing rules)

Division: (Check One) <input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Novice-Men <input type="checkbox"/> Open-Men <input type="checkbox"/> Novice-Women <input type="checkbox"/> Open-Women	Weight Class: _____ lbs. Fill out the weight class that you will compete in	Age: (Check One) <input type="checkbox"/> 8 year old <input type="checkbox"/> 9-10 year old <input type="checkbox"/> 11-12 year old <input type="checkbox"/> 13-14 year old <input type="checkbox"/> 15-16 year old <input type="checkbox"/> 17-34 year old
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Please list the total number of bouts: (Wins) _____ (Loses) _____

\$10 Entry Fee

Female Athlete Acknowledgment

2018 MANUEL TORREZ INTERNATIONAL BOXING CLASSIC

Sanctioned by CCA BOXING INC and United States Amateur Boxing. This form
Must be completed and signed by female athletes each time they compete.

Name: _____ LBC Name & # _____

Address _____

Street

City

Zip Code

Birth date _____ Age: _____ USA Boxing Registration # _____

Acknowledgment:

I CERTIFY THAT I AM NOT PREGNANT, NOR DO I HAVE ANY PAINFUL PELVIC DISCOMFORT SUCH AS SYMPTOMATIC ENDOMETRIOSIS OR OTHER CAUSES, ABNORMAL VAGINAL BLEEDING OF UNDETERMINED CAUSES (ETIOLOGY), RECENT LOSS OF MENSTRUAL PERIOD (SECONDARY AMENORRHEA), RECENT BREAST BLEEDING, RECENTLY DEVELOPED BREAST MASS, RECENT BREAST DYSFUNCTION PREVIOUSLY NOT PRESENT OR SURGICAL BREAST IMPLANTS, AND HAVE READ SECTION 101.9(4) OF USA BOXING'S OFFICIAL RULES PERTAINING TO MY PRESENT PHYSICAL CONDITION. I FURTHER AGREE THAT I WILL IMMEDIATELY NOTIFY MY COACH, TRAINER OR OTHER LOCAL BOXING OFFICIALS IF ANY OF THE ABOVE DESCRIBED CONDITIONS SHOULD DEVELOP/APPLY.

(SECTION 101.9(4) OF USA BOXING'S OFFICIAL RULES IS INCORPORATED IN THIS ACKNOWLEDGMENT BY REFERENCE).

I, the undersigned, have read this Acknowledgment.

Signed _____ Date _____

Participant's Full Name

Signed _____ Date _____

Participant's Legal Guardian) *REQUIRED IF ATHLETE IS A MINOR

\$10 Entry Fee

WAIVER / WARNING / DISCLAIMER

ALL participants must sign this waiver. If you are under 18 years of age, your parent or guardian must also sign below in consideration of your accepting this entry. I hereby for myself, my heirs, executors administrators and assigns waive and release all rights to any claim for damages I may or may have against USA Boxing, Inc., any sanctioning LBC of USA Boxing, Tulare Joint Union High School District, Tulare Western High School, Tulare Athletic Boxing Club, Central California Boxing Association, and all sponsors and venue owners, or the officers, sub-committee, agent representatives, and assigns of these entities, for any injury or damage suffered by me during my participation in and/or arising from traveling to and/or returning from the **MANUEL TORREZ BOXING CLASSIC**. I agree to abide by the rules of USA Boxing. I fully understand that I assume all liability 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 rendered to me by or at the insistence of the named parties is not an admission of liability to provide or continue to provide any such services and are not a waiver by any of said parties of any right or rights hereunder. I certify that I have had no injuries to my hands, neither fractures nor broken bones, within 3 months preceding the dates of this entry form and know of no other injuries to the head concussion, fainting spells, or will notify boxing officials immediately should any of these injuries and conditions be experienced in the future. In addition, I also understand and appreciated that participation in the sport carries a risk in me of serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize, accept, and assume risk.

FEMALE BOXERS ONLY: I further certify that I am not pregnant or have painful pelvic discomfort such as symptomatic endometriosis or other causes, abnormal vaginal bleeding or undetermined causes (etiology) recent loss of menstrual period (secondary amenorrhea), recently developed breast mass, recent breast dysfunction previously not present or surgical breast implants, and have read section 101.9 (4) of Boxing Official Rules pertaining to my present physical condition.

BOXER'S FULL NAME: _____
PRINT

SIGNATURE: _____ DATE: _____
PARTICIPANT/BOXER

Parent/Guardian _____ DATE: _____
SIGNATURE PARENT OF GUARDIAN IF UNDER 18

WITNESS: _____ DATE: _____
SIGNATURE OF BOXER=S COACH, SPOUSE, OR OTHER

\$10 Entry Fee