



WORLD BOXING COUNCIL CLEAN BOXING PROGRAM

Athlete Registration for Program Admission

Date: _____
year month day

NAME: _____
last first middle

RING NAME: _____ MALE FEMALE

PHYSICAL ADDRESS:

_____ street address city state/provision postal/zip code country
 () ()
 _____ home telephone # cell telephone #

_____ email address

MAILING ADDRESS: (if different from physical address above)

_____ street address city state postal/zip code country

DATE OF BIRTH: _____ AGE: _____
year month day

PLACE OF BIRTH: _____
city state/province country

CITIZENSHIP: _____

WEIGHT: _____ HEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

***Note: A Current Photograph of the athlete taken in the past six (6) months clearly showing the athlete's face must be submitted with this application

PROFESSIONAL RECORD: WINS (KOs) _____ () LOSSES _____ DRAWS _____ NO CONTESTS _____

PROMOTER: _____
name cell phone # email address

MANAGER: _____
name cell phone # email address

TRAINER: _____
name cell phone # email address

PERSONAL PHYSICIAN:

_____ name

PHYSICAL ADDRESS:

street address

city

state/province

postal/zip code

country

()

office / cell telephone #

email address

LIST ALL MEDICATIONS, DIETARY SUPPLEMENTS, OVER-THE-COUNTER MEDICATIONS, VITAMINS, OR SIMILAR SUBSTANCES THAT YOU CURRENTLY CONSUME REGULARLY OR HAVE CONSUMED WITHIN THE PAST 14 DAYS:

LIST ALL COMMISSIONS WITH WHICH YOU CURRENTLY HOLD AN ACTIVE LICENSE TO COMPETE:

LIST ALL COMMISSIONS WITH WHICH YOU HAVE A PENDING APPLICATION FOR A LICENSE TO COMPETE:

I hereby declare, under penalty of perjury, that I have read the foregoing application for the WBC Clean Boxing Program (CBP), and all the answers to the questions have been completed by me and that all answers given are my own, and that all answers are true to my knowledge. I understand that this application to the CBP expires two (2) weeks after it is submitted for acceptance unless otherwise extended by the WBC, and that it is subject to my agreement with the CBP Registration Terms and Consent to Release of Medical Information described on the following page. I agree to advise the CBP as soon as possible of any medication / supplement changes while I am in the CBP program. I agree to contact the WBC as soon as possible notifying them of the details of any upcoming contests. Furthermore, I understand and agree that any misrepresentation of a material fact on this application shall constitute grounds for removal from the CBP program as determined by the WBC Clean Boxing Program rules.

applicant's signature (sign legal name)

DATE:

year

month

day



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CBP Registration Terms and Consent to Release of Medical Information

The following Terms for CBP program admission are important and may affect your rights. Read carefully.

I consent to allow the WBC and/or its agents to collect biological specimens (urine and/or blood specimens) at any time during my participation in the CBP. I consent to the analysis of such specimens for the presence of banned substances or their metabolites or markers at a qualified laboratory to be chosen by the WBC.

I consent to the release by the WBC and/or its agents of the results of the analyses performed on my biological specimen(s) and related medical information. This information may be released to the appropriate Commissions, Associations, Organizations, Promoters, and/or Sanctioning Bodies as the WBC deems necessary to carry out its anti-doping program. I also authorize the release of this information to entities such as FightFax, Inc. and the Association of Boxing Commissions, and for possible inclusion on the Federal Suspension List. I understand that such information may be protected by law in certain circumstances, but agree to the release of this information as a condition to joining the CBP with an understanding that the release of such information may be important to carry out the WBC's anti-doping program.

I have read and agree to comply with the terms of the WBC's CBP Athlete Whereabouts Policy.

I consent to the public release of my name and participation in the CBP unless I have provided the WBC specific written notice that my participation in the CBP should not be made public. I agree to hold the WBC and its agents harmless from the inadvertent release of such information.

I agree to inform the Commission that has sanctioned or granted me a license for any upcoming contest of my participation in the CBP within seven (7) days of my admission into the program. I also agree to inform the promoter and any relevant sanctioning body (if applicable) of any upcoming contest of my participation in the CBP within seven (7) days of my admission to the program. I authorize the WBC to inform the appropriate Commissions, Associations, Organizations, Promoters, and/or Sanctioning bodies of my involvement with the CBP; however, I understand that this authorization does not relieve me of my duty under this paragraph to inform the appropriate parties of my participation in the CBP.

I understand that the WBC has the right to deny me admission into the CBP if the WBC deems in its sole discretion that my admission into the CBP would conflict with anti-doping principles or the WBC's mission or policies. I further understand that the WBC may deny me admission into the CBP, or remove me from the CBP, if the WBC determines in its sole discretion that medical or health-related issues warrant a denial of admission. Although I may request an appeal of the WBC's decision to deny my admission into the CBP, I understand that the WBC's decision is final.

This release and all elements of the WBC CBP are subject to the terms of the WBC Rules & Regulations, to which I consent by my participation in activities of the WBC.

I have read, understood, and agree to the above terms and the release of my medical information.

athlete signature

DATE: _____
month day year

printed name

Mi name, as it appears in this document, is a legal and official certification that I am personally signing this document and that the official identification, which copy I am attaching herewith, is a legitimate and legal identification that competent authorities have issued to me.

BY SIGNING THIS DOCUMENT I AFFIRMATIVELY CERTIFY THAT: (1) I HAVE READ THIS FORM IN ITS ENTIRETY; (2) ALL INFORMATION I HAVE INCLUDED IN THIS FORM IS ACCURATE AND COMPLETE; AND (3) I HAVE REVIEWED AND UNDERSTOOD THE CONTENTS AND INFORMATION IN THE WBC CLEAN BOXER PROGRAM WEBINAR IN ITS ENTIRETY.

CBP Statement on Dietary Supplements

Athletes should be very cautious about the use of any dietary supplements. As various studies have shown, dietary supplements may contain small amounts of banned substances, even when those substances are not listed on the label. Athletes are strictly liable for any substances found in their bodily specimens, regardless of how the substance(s) got there. Athletes have been found guilty of a doping violation after consuming a dietary supplement that contained a trace amount of a banned substance even though the label did not mention any prohibited substances and the Athlete had no intention of doping.

Although the WBC may, in its discretion, review a list of supplements provided by a participating Athlete for "red flag" substances, the WBC does not and cannot endorse or approve the use of any supplements, regardless of the fact that an Athlete may have disclosed the use of the supplement to the WBC. In other words, a doping violation will have occurred even if the relevant prohibited substance can be traced to a supplement product that was disclosed to the WBC by the Athlete.

Athletes can help protect themselves by avoiding any supplement products altogether, especially those that have not been tested and certified drug-free by a qualified outside organization.

Please return this and all relevant material concerning the WBC Clean Boxing Program to the World Boxing Council at:

MAIL: Consejo Mundial de Boxeo
Cuzco No. 872, Colonia Lindavista
Mexico 07300, Mexico

FAX: (5255) 5119-52-93 / 94

EMAIL: cbp@wbcboxing.com