



The Amateur Boxing Association
of England Limited

MA1 Proforma for Associate Member
ABA OF ENGLAND LTD REGISTRATION FORM

Applicant

Name Date of Birth.....

Male Female Non Disabled Disabled

Registration Number

(To be completed by Regional Registrar)

Address.....

..... Postcode.....

Boxing Club / associate Club / School

.....

Region / Division

Ethnic Origin (please tick)

Caribbean	Asian	African	Black - Other	White European	White Other	
-----------	-------	---------	---------------	----------------	-------------	--

I am aware and accept the ABAE Child Protection Policy.

Signed

Date

.....

Boxer / Parent or Guardian (if under 16 years)

I as the parent/ guardian give permission for my child to participate in Amateur Boxing and is fit to do so in my opinion.

Signed

Date

.....

Parent / Guardian

This first application form MUST be forwarded to the Regional ABAE Registrar with a Birth Certificate and two Passport Sized Photographs.

Once received, the applicant will be placed on the ABAE database and the Licence / Registration Book, with a unique registration number attached, will be sent by return.