



Guyana Boxing Association
C/O OLYMPIC HOUSE
 BLOCK XXX LILIENDAAL GEORGETOWN, GUYANA



Registration Form 2023

Participant's Information

Participant's Name: _____ Date of Birth: _____

Age: _____ Gender: _____

Address: _____

Telephone Contact: _____

Parents/Legal Guardian: _____ Telephone Contact: _____

Email: _____

Boxing skill: Yes No

Do you have any allergies, breathing condition, or any medical conditions that would limit high level activity? Yes No
 If yes please state:

Parental Permission for Emergency Treatment: In the event of any illness or accident, I give my permission for my child to receive emergency treatment by qualified medical personnel, and I authorize the person(s) in charge to transport my child to: I give permission for the facility to provide my child with any and all emergency medical care that is required.

Print Name

Date

Please send all related mails of this Association to:

Guyana Amateur Boxing Association
C/o Guyana Olympic Association
 XXX Liliendaal
 Georgetown, Guyana

Secretary - Mr. Sean Richmond
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