

# W.A.B.A Club Tournament Application



Club.....  
 Division ..... Date of Application .....  
 Proposed Date of Show ..... Fee Paid.....  
 Type of Show Dinners etc.).....  
 Venue .....  
 Venue Address .....  
 ..... Post Code .....

Application (Responsible Club Member) Print Name .....  
 Position in Club ..... Tel .....  
 Tournament Supervisor..... Start Time .....  
 Tournament Supervisor Tel No.....  
 Weigh in/medical examination time (Min 1 hour before start time) .....

**For the attention of the responsible Club Member and Tournament Supervisor**

**N.B. All below MUST be verified by the Responsible Club Member and the Tournament Supervisor to ensure conformity before issue of permit.**

I can confirm a full Risk Assessment of the venue has been carried out. A copy of the Risk Assessment will be made available for the Tournament Supervisor	YES	NO
The number of persons permitted to attend will conform to the Risk Assessment and the Venue Fire Risk Assessment/Certificate.	YES	NO
I can confirm that properly S.I.A certified staffing measures have been taken for crowd/spectator control and that F.O.P. RING ACCESS regulations are fully in place	YES	NO
Boxing ring must conform to: Rule 13 in the WABA Domestic Rules	YES	NO
Doctor attendance confirmed	YES	NO
Doctors Name .....	YES	NO
I am fully Conversant with the W.A.B.A Domestic Rules and the current W.A.B.A Code of Conduct and can confirm that the Tournament will be conducted in full compliance with these rules. <b>I am also aware that the failure to comply COULD result in the Tournament being cancelled by the Tournament Supervisor.</b>	YES	NO

Signature of Responsible Club Member ..... Date .....

Permit Approved (Tournament Supervisor) ..... Date .....

OR

Permit Approved (Division Secretary) ..... Date .....

**TO BE USED IN CONJUNCTION WITH FIELD OF PLAY LAYOUT**