

**WABA REGISTRATION FORM QUESTIONS MARKED * ARE MANDATORY
IF ANY ARE MISSED YOU WILL NOT BE REGISTERED**

SURNAME* FIRST NAME(S)* DATE OF BIRTH *

MALE () FEMALE () ADDRESS *

POSTCODE * PHONE NO MOBILE E MAIL

ETHNIC ORIGIN CLUB NAME * DIVISION WABA No *
If Applicable

DATE OF BOXERS LAST ANNUAL MEDICAL * CURRENT WEIGHT No OF BOUTS No OF WINS
If Boxer If Boxer If Boxer

JOB DESCRIPTION * (IF NOT BOXER) CRB CHECK NO* DATE OF EXPIRY CRB*
(Boxer / Coach / Official / Committee / Member /Other)

QUALIFICATIONS ATTAINED IF ANY DATE ATTAINED
Full or Assistant Coach / AIBA EABA Grade Official

NAME AS ON PASSPORT PASSPORT NUMBER EXPIRY DATE

THESE QUESTIONS ARE IMPORTANT, THOSE MARKED * MUST BE ANSWERED, OTHERS ARE TO HELP THE WABA IN ATTAINING PROFILES OF MEMBERSHIP. PASSPORT NAMES AND NUMBERS ARE ONLY FOR THOSE MEMBERS LIKELY TO TRAVEL WITH THE WABA AND SO HELP WHEN ORDERING FLIGHT TICKETS.

THE INFORMATION GIVEN ABOVE IS CORRECT. SIGNED DATE

PRINT NAME IF SIGNING AS PARENT OR GUARDIAN