



# LONDON BOXING - BCR1 Application Form



For New & Duplicate England Boxing Medical Cards - Form revised June 2022.

**Step 1:** All boxers must be registered and paid for on 'The Vault' before applying for a BCR1 – [www.EnglandBoxingInsight.com](http://www.EnglandBoxingInsight.com)  
Please complete all the fields (both sides of form if any previous combat experience), mark one character per square.

It is strongly recommended that club secretaries, head coaches and/or administrators know emails and passwords for all/most registered member Vault profiles.  
For members who don't have an email address, default emails should be made up for example [firstname.lastname.clubname@hotmail.com](mailto:firstname.lastname.clubname@hotmail.com) - password such as Clubname1 or Boxer1.  
A handy website for temporary email addresses – [www.yopmail.com](http://www.yopmail.com)

**Step 2:** Once registered and paid on the Vault, return this form to the Regional Medical Registrar along with a **photocopy of ID** as proof of age is required (accepted documentation includes birth certificate, driver's license, valid passport, residence card or national identity card), **original passport photographs x2** and if sent via post (recommended either as a Registered Signed For or via Next Day Special Delivery) **must include a self-addressed stamped envelope** so the registrar can post back (again either as a Registered Signed For or via Next Day Special Delivery) to:

*Reggie Hagland, Islington Boxing Club, 20 Hazellville Road, London, N19 3LP.*

**Note:** New BCR1's will take up to **21 days** to process especially during busier periods in the season.

Duplicate BCR1's applications will incur a 30-day medical suspension for the Boxer from the date the loss of the card is reported in writing to the Registrar. Boxer is required to complete BCR1 Application Form, Request to Register an Athlete Form, Original Passport Photographs x2 and provide approved ID plus a fee of £15 paid to the region. A full medical is required for all duplicate BCR1's.

**Step 3:** When you receive your medical card(s), a full medical must be undertaken by an England Boxing registered Doctor (a list of registered doctors based in the London region is available to download from The Vault).

**Step 4:** Medical is completed, please return the card(s) to Registrar (address above) so at a later date update details and approve boxer for the season to compete via registration stamp.

**Step 5:** Medical Card(s) are ready to collect / sent out in post – once received the boxer(s) is ready to compete on shows & tournaments!

Regional Registrar Working Hours: Monday, Wednesday & Friday's, 1-4pm. \*Subject to Change. Available for direct visits @ Islington Boxing Club during these days/times\*\*.

\*\*The Regional Registrar may be away from the building, working or absent during the stated days/times. Due to personal and work commitments, the Regional Registrar will not be able see anyone before the stated days/times and no appointments will be granted for anyone in the evenings or the weekends. Pre-Booked appointments are recommended for clubs who wish to visit the Regional Registrar directly for period of 30 Minutes or more.

**First Name(s):** [Grid]

**Last Name(s):** [Grid]

**Date of Birth (DD/MM/YYYY):** [Grid] **Age of Boxer:** [Grid]

**Address:** [Grid]

**Town / City:** [Grid] **Postcode:** [Grid]

**Telephone Number:** [Grid] **Weight (KG):** [Grid]

**Email Address:** [Grid]

**Name of Club:** [Grid]

**Nationality & Ethnicity:** [Grid]

**NEXT OF KIN CONTACT INFORMATION: FOR BOXERS UNDER THE AGE OF 18 ONLY**

**Name of Next of Kin:** [Grid] **Telephone Number:** [Grid] **Relationship:** (Parent, Guardian, Friend, Partner etc) [Grid]

**Previous Amateur Boxing Experience:** In the United Kingdom and Overseas. **Total Bouts:** [Grid] **Won:** [Grid] **Lost:** [Grid] **Skills:** [Grid] **Country competed in:** [Grid]

**ALL Combat Experience MUST be declared:** (White Collar Boxing, Alliance Boxing, Kick Boxing, Wrestling, MMA, Muay Thai, Jiu-Jitsu, Karate, Judo, Tae Kwon Do etc.)

Please state the Combat Sport(s) competed in: [Grid] **Total Contests:** [Grid] **Wins:** [Grid] **Loses:** [Grid] **Draws:** [Grid] **Full or Semi Contact?** [Grid] **If NO previous combat experience, you must ✓ or X this box:** [Grid]

I confirm that the above information is correct including my stated previous experience in Amateur Boxing or any other combat sport(s). I understand that any false declaration of previous experience could warrant a suspension or exclusion from England Boxing. It is always the boxer's responsibility to declare their true record of experience.

I also understand that I must complete a 'Request to Register an Athlete Form' if I have had previous combat experience and require clearance from England Boxing before I am able to compete.

I also agree that by signing this form and becoming a carded boxer at a London Boxing affiliated club that I consent that my name being used for publicity purpose by London Boxing to promote Amateur Boxing, the region and the regional association activities. Official video recording and photography which is approved by the region can be used for promotional use via printed, visual (video streaming, posters, flyers etc) and social media accounts (Facebook, Instagram, Twitter etc) to promote the region.

**Signed The Boxer:** [Grid] **Date:** [Grid]

**Signed by Club Representative:** [Grid] **Please state Name of Club Representative & Role:** [Grid] **Date:** [Grid]

**Signed Parent/Guardian of Boxer if Under 18:** [Grid] **Date:** [Grid]

Applications for BCR1's will not be accepted without this form being fully completed and signed by the relevant persons. These are the minimum details required for the release of medical cards and failure to provide the required documentation, photos and/or payment on the Vault will delay processing of BCR1's. The England Boxing 'Request to Register an Athlete Form' must also be completed if Boxer has previously had any Combat experience and will require clearance from England Boxing to compete.

# Request to Register an Athlete



Name of person completing form .....

Association .....

Name of Club athlete is intending to affiliate to .....

## Athlete's details:

BOXING REG NUMBER (if registered to EB previously)	FIRST NAME/S	SURNAME	Date Birth	of	GENDER (M/F)
HOME ADDRESS		CLUB	PREVIOUS SURNAME		
..... ..... .....					

INDIVIDUAL PHYSICAL CONTACT SPORT EXPERIENCE		
PREVIOUS SPORT/S .....		
AMATEUR: Y/N (Delete as appropriate) Professional Y/N (Delete as appropriate)		
HAVE YOU PREVIOUSLY BEEN AFFILATED WITH ENGLAND BOXING? Y/N		
HAVE YOU PREVIOUSLY BEEN AFFILATED WITH ANY OTHER BOXING ORGANISATION? Y/N		
NAME OF ORGANISATION .....		
WIN	LOSS	Full or Semi contact

Following your request to participate in boxing after having been involved in the above physical contact sport, please note the following conditions under which your membership will be accepted, if approved by England Boxing Ltd. The conditions are as follows:-

- You must cease your involvement in the above sport
- You must not participate in any other Individual Physical Contact Sport during your membership with us
- You must abide by all England Boxing rules and guidelines, which include (but not exclusively) the Code of Conduct for England Boxing members and all AIBA rules as provided on their website ([www.aiba.org](http://www.aiba.org))
- If you do not maintain a continuous annual registration with England Boxing you must reapply following any break in membership using this process. In those circumstances all conditions will reapply, including the requirement to serve another probation period before competing in our National Competitions.
- England Boxing must approve the request in writing before an athlete can be approved as a member of England Boxing
- A Boxer who is approved to affiliate to England Boxing from any other combat sport may not be permitted to enter any England Boxing Championship for a period of six months

### Athletes Declaration

I have read and understood the above information in relation to my application to become a member of England Boxing Ltd. I confirm that the information I have supplied above is accurate and that I will accept and abide by the relevant conditions, should my application for membership be approved.

Athletes Signature..... Date .....

Club secretary/Coach ..... Date .....

Association Secretary Signature.....