

GOLDEN BELT SERIES



6TH EDITION OF THE MOHAMMED VI INTERNATIONAL TROPHY

JANUARY 31 – FEBRUARY 11, 2023

MARRAKECH - MOROCCO



VERSION 1.0

*IBA reserves the right to update this Handbook as and when required.

*This Handbook must be read in conjunction with the IBA Technical and Competition Rules.

GOLDEN BELT SERIES



**His Majesty Mohammed VI
King of Morocco**



Mr. Umar Kremlev

President of International Boxing Association (IBA)

**Dear boxing family,
Dear friends,**

I am happy to welcome you to Morocco, where the next Golden Belt Series tournament is going to take place.

The World Boxing Tour is a brand-new format of IBA competitions, which is going to unite the best boxers around the world. These four series of tournaments create new opportunities for boxers on all continents to compete and improve their skills, fighting against the best.

Boxing is one of the most favourite kinds of sports around the world, and it is becoming more and more popular. We are waiting for many participants to come to Morocco all around the world. The host African continent, among others, has a lot of strong and successful athletes and prospects, who are going to show their best at the upcoming competitions.

I believe this competition in Morocco will attract a lot of young people to boxing gyms. This is the ultimate goal of every competition, to inspire the younger generation.

I wish everybody good luck, show your best in the ring and enjoy!

Umar Kremlev

A handwritten signature in blue ink, appearing to read 'Umar Kremlev', written over a light blue horizontal line.



Mr. Abdeljaouad Belhaj

President of the Royal
Moroccan Boxing
Federation

Dear Boxing Family,

The Royal Moroccan Boxing Federation is pleased to announce the holding of the 6th Edition of the Mohammed VI International Boxing Trophy; in Marrakech, from January 31st to February 11th, 2023.

This edition has the particularity of taking a new form by integrating it into the "World Boxing Tour" "Golden Belt Series". We are very proud to have received the approval of the International Boxing Association "IBA" to organize this prestigious event.

Combining competition, exchange and conviviality, this edition will once again see massive participation from five continents. It will contribute to the improvement of the world ranking of athletes. The Golden Belt Series will promote the discipline both nationally and internationally and will challenge participants from all over the world. This award-winning competition will also, contribute to materially encourages boxers. With its strong history, the Mohammed VI International Boxing Trophy intends, once again, to truly anchor the place occupied by the Kingdom of Morocco on the world pugilistic scene.

I remain convinced that the passion and dynamism that drive us all can only be a vector for the success of this international competition celebrating the Noble Art and the influence of Moroccan boxing at the global level.

I take this opportunity to present my warm thanks to the representatives' authorities of Marrakech City, the Ministry of National Education, Preschool and Sports and the Moroccan National Olympic Committee, for their material and moral support.

Also, I warmly thank all the volunteers of the boxing family for their dedication, willingness and the availability for this occasion.

Finally, I and the members of the federation, gives the warmest thanks to all the partners for their support, as well as, to all the press-media for their visibility and coverage of the event.

Long live Morocco. Long live the IBA. Long live boxing...

Your Sincerely
Mr. Abdeljaouad Belhaj

Take part in the brilliance of the Noble Art....

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1. ORGANISER

The Royal Moroccan Boxing Federation, affiliated with IBA, has been entrusted with the organization of the Golden Belt Tournament, Marrakech, 2023.

2. CONTACTS

SUBJECT	E - MAIL
Registrations for Team Delegations	database@iba.sport
Registrations for Extra Officials	database@iba.sport
Visa Support	goldenbeltmarrakech.visas@gmail.com
Competition related	sport@iba.sport
Accommodation	goldenbeltmarrakech.accommodation@gmail.com
Transport	goldenbeltmarrakech.transport@gmail.com
General info	goldenbeltmarrakech.info@gmail.com

3. COVID-19 PROTOCOL

The event is approved as professional sport event with a very strict countermeasure concept and therefore the IBA Event Management Protocol during COVID-19 pandemic will be implemented. According to the current COVID-19 situation in the Marrakech City at the time of the Championships, there will be an update regarding all the requirements and protocols to be followed. The following is what will be mandatory, regardless of the situation :

Every Participant need to bring a valid COVID - 19 vaccine passport (administration of three doses or, only two doses, the administration time of the 2nd not exceeding 4 months, with the exception of the Johnson & Johnson vaccine, where a single dose is equivalent to 2 doses of the other vaccines).

Or

Negative result of PCR test of less than 72 hours (time between sampling and boarding).

And

Passenger's health form, to be downloaded online before boarding (also distributed on board), duly completed LINK [COVID19form.php.html](https://www.onda.ma/en/I-am-passenger/Traveller-Guide/Coronavirus-Passenger-information)

For full details and updates on Covid-19, please visit the Website : <https://www.onda.ma/en/I-am-passenger/Traveller-Guide/Coronavirus-Passenger-information>

4. COMPETITION

a. Format

The Championships will be organized based on IBA Technical and Competition Rules.

The tournament will be carried out in thirteen (13) Men and thirteen (12) Women elite weight categories as following :

Women

Weight Category	over Kg	to Kg
Minimumweight	45	48
Light Flyweight	48	50
Flyweight	50	52
Bantamweight	52	54
Featherweight	54	57
Lightweight	57	60
Light Welterweight	60	63
Welterweight	63	66
Light Middleweight	66	70
Middleweight	70	75
Light Heavyweight	75	81
Heavyweight	81	--

Men

Weight Category	over Kg	to Kg
Minimumweight	46	48
Flyweight	48	51
Bantamweight	51	54
Featherweight	54	57
Lightweight	57	60
Light Welterweight	60	63.5
Welterweight	63.5	67
Light Middleweight	67	71
Middleweight	71	75
Light Heavyweight	75	80
Cruiserweight	80	86
Heavyweight	86	92
Super Heavyweight	92	--

- The Bout Review Rule (IBA Technical & Competition Rule no. 20) will not be applied.
- The Official Draw will be conducted by IBA Official Timing and Scoring operator.
- Two rings will be used until the semi-finals phase.
- Medals will be distributed to the first 4 boxers of each weigh category (1 Gold, 1 silver, 2 Bronze).
- The Technical Delegate of the event is **TO BE ANNOUNCED**.
- The Event will be officiated by IBA International Technical Officials and IBA 3- Star certified Referees and Judges, all appointed by IBA.

b. Sport Entries Check

The Sport Entries Check will take place on **January 31st and February 01st, 2023**. Teams will be informed of the exact date and time of their appointment during accreditation after arrival. Please make sure to arrive in Marrakech, Morocco prior to **February 01st, 2023**.

Each Team delegation can appoint a maximum of 2 persons to attend the Sport Entries Check. IBA recommends to each team to send the Team Manager and/or the Team Doctor and/or the Head Coach.

Each Team Delegation's representatives will have a 10-minute appointment with IBA Officials to confirm the entry list of their delegation, the spelling of boxers' names, the uniforms, national flag and anthem and to present the official documents listed below to IBA.

Your representative(s) must present :

1. Entry list of the delegation;
2. Passports of each boxer;
3. Record Books of each boxer;
4. Boxer's uniform examples;
5. Results of Hepatitis B, Hepatitis C and HIV tests, not older than 6 months;
6. IBA General Participation Form;
7. IBA Medical certificates issued within the last 30 days for each boxer;
8. A Fit-to-box Form signed by the boxer (Appendix 7 of these rules),
9. COVID-19 Declaration of No symptoms Form signed by all team members;
10. Anti-doping consent forms signed by each of the boxers;
11. Video consent form signed by team manager/head coach;
12. Declaration of non-Pregnancy Form.

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Nb. All forms will be provided to all National Federations.

Important: Please note that the presence of your representative is mandatory. In the event where Team Delegation Representatives do not show-up to the scheduled appointment, the entire Team will be disqualified. **ALL MEDICAL DOCUMENTS MUST BE PRESENTED**

5. EVENT SCHEDULE

Event	Time	Place
January 31st and February 1st		
Arrivals		Teams Hotel
January 31st to February 11th		
Accreditation Centre	08:00 – 20:00 10:00 – 20:00	Team Hotel – TBD Competition Venue
January 31st		
Sport Entries Check-day 1	09:00 – 12:00 13:30 – 18:00	Team Hotel – TBD
February 1st		
Sport Entries Check – day 2	09:00 – 13:00	Team Hotel – TBD
Technical Meeting	15:00 – 16:00	Team Hotel – TBD
Official Draw	16:00 – 17:30	Team Hotel – TBD
From 2nd to 7th February		
Daily Weigh-in	08:00 – 09:00	Team's Hotel – TBD
Opening Ceremony	13:00 – 14:00	Competition Venue
Preliminaries/Quarterfinals	14:00 ~ 18:00 ~	Competition Venue
February 08th		
Semi-finals	Session 1: 15:00 – 17:00 Session 2: 18:00 – 20:00	Competition Venue
February 9th (change to 1 ring)		
Rest Day		Rest Day
February 10th		
Finals and Medal Ceremonies	12:00 ~16:00 17:00 -21:00	Competition Venue
Farewell Dinner	21:00 – 22:30	TBD
February 11th		
Departures		

6. REGISTRATIONS

a. Participating Boxers

AGE ELIGIBILITY: Boxers born from January 01,1983 to December 31, 2004

Each National Federation is invited to register up to one (1) boxer in each weight category, as per IBA Technical and Competition Rules. All registrations need to be done through the IBA database (<https://iba-database.sport/nf>)

b. Team Officials

Each Team Delegation can have the following number of Team Officials :

- 1 Team Manager
- 1 Team Doctor
- 1 Physiotherapist
- 1 IBA Certified Team Cutman
- Number of coaches according to the table below :
 - ✓ 1 – 3 Boxers : Up to 3 Coaches,
 - ✓ 4 – 8 Boxers : Up to 4 Coaches,
 - ✓ 9 – 12 Boxers : Up to 6 Coaches,

Comments: The number of coaches to be adjusted according to possible number of boxers attending.

c. Coaches

Each Boxer will be entitled to be accompanied to the ring by up to three (3) coaches. However, only two (2) Coaches may mount the apron of the ring and only one (1) may enter the ring.

- All boxers must be accompanied by at least one IBA certified coach (1, 2 or 3-Star) at ringside during the bouts.
- All Coaches allowed to work in the Field of Play (FOP) must be IBA certified (1 to 3-Star).
- One of the 3 coaches can be replaced by an IBA Certified Team Cutman.

If your team does not have any IBA certified coach (1,2 or 3-star), please raise this at the Technical Meeting, so arrangements can be made with another team.

d. Extra Team Officials & National Federation Representatives

Extra Team Officials

Any individual who will be at the event in addition to the ones outlined in point 4.b., whom the National Federation (NF) would like to send to work with the team, would be registered as an Extra Team Official.

Extra Team Officials who do not have a direct link with the preparation of the team for the competition will not receive an accreditation.

- Extra Team Officials
 - National Coach of a registered boxer
 - Additional Physiotherapist
 - Additional Doctor
 - Nutritionist

NF Representatives

Any individual attending the event as a representative of the NF, such as:

- NF President
- NF Secretary General
- NF Executive Board Member
- NF President Accompanying Guest
- NF Administrative Staff

Each National Federation can register up to a total of 6 additional persons within the 2 categories named above.

All Extra Team Officials and National Federation Representatives registrations must be done through IBA database in the dedicated section of the event.

Important : If you plan to bring more than 6 additional persons, please note that accreditations will not be provided.

e. Process and deadlines

All registrations for Team Delegations will have to be made through the IBA database (<https://iba-database.sport/nf>)

Please find the summary below :

Registration for	Done by	Registration period
Boxers	Each national federation through web registration on the database	10 th November, to 15 th December, 2022 (23:59 GMT)
Teams officials	Each national federation through web registration on the database	10 th November, to 15 th December, 2022 (23:59 GMT)
Extra team officials	Each national federation through web registration on the database (“extra-officials” section)	10 th November, to 15 th December, 2022 (23:59 GMT)
Arrival/Departure time of the delegation	Each national federation through web registration on the database (“travel details” section)	10 th November, to 15 th December, 2022 (23:59 GMT)
Rooming list	Each national federation through web registration on the database (“room request” section)	10 th November, to 15 th December, 2022 (23:59 GMT)

7. VISA & ENTRY REQUIREMENTS

The Organizer will provide assistance regarding Visa if required.

a. Contacts

For all information, please contact : goldenbeltmarrakech.visas@gmail.com

- Visa contact person: Mr. Kachfi Taoufik
- Phone number : +212 60.47.94.116

b. Process

The process for obtaining a visa for Morocco will be as follows :

- Team delegations who need a Visa must immediately request it at the Moroccan Embassy/Consulate of their country (with all the necessary documents), LOC will provide invitation letters for all Teams Delegations.
- LOC will provide landing visa letters for all Team Delegation who doesn't have Moroccan Embassy / Consulate in their own country. In this case, please contact immediately Mr. Kachfi Taoufik and provide him with valid passport copies of the applicant(s) before December 15th, 2022
goldenbeltmarrakech.visas@gmail.com
- For general and more information, please have a look at the official website:
<https://www.consulat.ma/fr/visas-ordinaires>

The deadline to request assistance is **December 15th 2022.**
Subsequently, you will receive an invitation letter which is necessary to request the Visa.

8. TRANSPORTATION

a. International Transportation

All travel information related to the Team Delegation must be entered in the IBA Database during the registration and additionally sent to the LOC at goldenbeltmarrakech.transport@gmail.com

The airport of arrival and departure will be :

- Marrakech Menara International Airport.

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N.B: Marrakech Menara Airport (RAK) is **the main international gateway to Marrakech in Morocco**. If you opt for Mohammed V International Airport in Casablanca and you choose public transport to reach Marrakech City, you can take :

- The train from the International Airport Mohammed V Casablanca to Marrakech City, the cost will be between 200 MAD and 300 MAD per person.
- for any specific request, please contact us by email at the following address : goldenbeltmarrakech.transport@gmail.com

Deadline to submit arrival and departure information :
December 15th, 2022

b. Local Transportation

Local transportation will be provided by the organizers :

- To and from Marrakech Menara International Airport;
- To and from the hotel to/from the competition, the opening ceremony and training venue;
- To and from the Hotel to/from the Technical meeting and Official Draw.

9. ACCOMMODATION

a. Team Delegations' Hotels

Members of Team Delegations and Team Delegations' Staff who have "Extra Team Official" accreditation, such as national coaches, additional doctors/physiotherapists, and nutritionists can stay at the Team Delegations' Hotels.

NF Representatives cannot stay at Team Delegations' Hotels.

HOTELS / APARTMENTS ****

Rooms / Apartments	Prices (Full board) / per person
Single Room	100 €
Double Room	80 €
Triple Room	70 €
Apartments for (4pax, 5 pax, 6 pax)	65 €

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Team delegation hotel 1

HOTEL ****

- Name : Zephyr Marrakech
- Address : Les Portes de Laazouzia, Targa Rte de Targa, Marrakech 40000
- Distance : 11,7 km

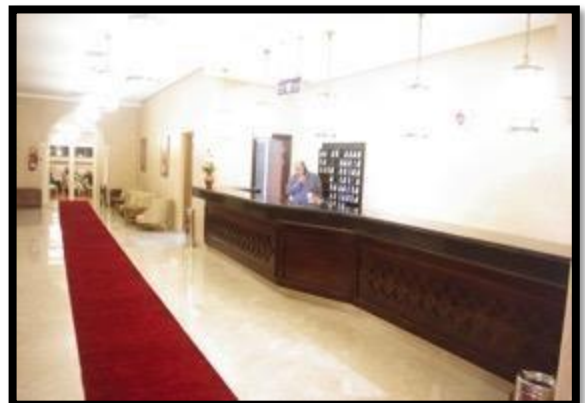


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Team delegation hotel 2

Complexe touristique ADM ****

- Name : ADM
- Address : 19 Rte Ben Jradi, Marrakech 40130
- Distance to venue :10,8 km



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c. VIP, Extra-Officials and Media Hotel

Extra Officials – NF Representatives and Media are not allowed to stay in any hotel dedicated to Team Delegations. The rates will include full board and Wi-Fi and will be as follows.

The rates will include full board and Wi-Fi and will be as follows.

HOTEL***** (1)

- Name : Kenzi Rose Garden
- Address : Av. du Président Kennedy, Marrakech 40000 l'Hivernage
- Distance to venue : 5,3 KM



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HOTEL***** (2)

- Name : Radisson Blu Hotel, Marrakech Carre Eden
- Address : 166-176 Bd Mohamed Zerktoni, Marrakech
- Distance to venue :7,1 km



d. Payment conditions

All Team Delegations must pay their full room charges as above for the entire Championships Period by deadline date.

BANK INFORMATION

- Bank name : Banque Populaire
- Beneficiary : The Royal Moroccan Boxing Federation
- Swift Code : BCPOMAMC
- IBAN : 181 810 2111674704210321 79

10. COMPETITION & TRAINING VENUE

a. Competition Venue

- Name : M'Hamid
- Address : Avenue Annakhil, Marrakech 40160, Morocco
- Seating Capacity : 2500



b. Training Venue

The Training Venue will be located at Avenue Annakhil, Marrakech 40160, Morocco



11. ACCREDITATIONS

a. For Team Delegation Members

All Team Delegation members registered for the event through the IBA Database within the deadline will receive their accreditations on site after the LOC has approved the accommodation payment.

Accreditations will be given out only upon presentation of a passport.

The Accreditation Center will be located at Team Hotel.

b. For Extra Team Officials and National Federation Representatives

Each National Federation can request up to six (6) additional accreditations for its internal needs by filling out the dedicated section in the IBA Database no later than deadline date.

c. For Media and Press

▪ International media

For accreditation, please contact: goldenbeltmarrakech.press@gmail.com

▪ Local Media (radio, TV and website with audio/video coverage) :

For accreditation, please contact: goldenbeltmarrakech.press@gmail.com

12. TECHNICAL VIDEO RECORDING

Each National Federation will be allowed to record the bout of their boxers with up to one camera per ring. Two specific locations in the stands will be reserved for these technical areas. Recordings are for technical purposes only and not for public broadcasting, social media included. The access to the two technical video recording areas will be conditioned to the signature of a disclaimer in this regard. You will find it attached at the end of this Handbook. The team manager of each National federation must bring the signed copy to the Sport Entries Check.

13. IMAGE RIGHTS

IBA has appointed an IBA photographer to promote the image of boxers during the World Championships. By participating in the Championships, each Boxer agrees to release their image rights to IBA for promotional purposes.

14. DOPING CONTROL

Anti-doping controls will be conducted in accordance with the IBA Anti-Doping Rules and the World Anti-Doping Code. We want to remind you that according to WADA regulations, from 2016, blood testing may be conducted during IBA Competitions.

TUE must be submitted through the ADAMS system no later than the deadline date (23:59 GMT).

15. MEDICAL CARE

The LOC will provide medical care and first-aid during the entire Championships Period to any participant who suffers from a sports injury contracted during the Championships.

16. INSURANCE

All participants are requested to get their own travel and medical insurance as the LOC will provide liability insurance for all participants only at the Competition Venue.

17. AWARDS

The Mohammed VI international trophy will be awarded to the first team in the general classification after the last finals ceremony and also Medals will be distributed for the first 4 boxers of each weigh category (1 Gold, 1 Silver, 2 Bronze),

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Prize money :

Prize money will be awarded in each category as follows:

Medal	Prize money
Gold	USD 4,000
Silver	USD 2,000
Bronze	USD 1,000
Bronze	USD 1,000

18. HOST CITY - MARRAKECH

Called the "Red City" among other nicknames, Marrakesh has one of the largest Medinas in Morocco. A historic city with red walls, the origin of its name, it is home to many monuments and historical sites that make it one of the main tourist destinations in the country.

Marrakech has an impressive cultural heritage with many monuments and museums of quality.

The most visited places :



Jemaâ Lefna Square

Jamaa Alfna Sqre is a famous public square in the south west part of the medina of Marrakech in Morocco. This traditional, popular and lively place, especially at night, attracts more than a million visitors each year.



Lalla Takerkoust of Marrakech

A mystical place, source of legends. On the banks of the lake Lalla Takerkoust activities are proposed, the most traditional is the ride on donkeys. For the more sporty, Dunes and Desert guarantees you incredible rides around the lake in quad, buggy or a little further in the desert of Agafay in dromedaries.



The house of photography

The House of Photography of Marrakech is located in Marrakech, in the heart of the medina. It opened its doors in April 2009 and brings together a photographic collection that spans the 1870s to the 1950s.

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AGAFAY

Hot air balloon Marrakech : Fly over the red city !
Glide smoothly and discover Marrakech from the sky!
Nearly one hour of flight over the millennium city of Marrakech with the High Atlas mountains in the background. A unique experience in complete safety thanks to our equipment in perfect condition.



The Majorelle gardens

The Majorelle garden is a tourist botanical garden of about 300 species on nearly 1 hectare, an Art Deco villa labeled Maisons des Illustres since 2011, and a museum of Berber history, in Marrakech, Morocco.



Historical monuments

The city of Marrakech is home to several historical places to visit, we can cite:

- Menara
- El Badi Palace
- Koutoubia
- Saadian Tom

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Sport Entries Check Documents

In the upcoming pages, please find the required documents to be filled out and presented at the Sport Entry Check.

ANTI-DOPING CONSENT FORM

As a member of the International Boxing Association (IBA) and/or a participant in an event authorized or recognized by IBA, I hereby declare as follows:

1. I acknowledge that I am bound by, and confirm that I shall comply with, all of the provisions of the IBA Statutes, IBA Competition Rules, IBA Disciplinary Code, IBA Anti-Doping Rules (as amended from time to time), the World Anti-Doping Code (the "Code") and the International Standards issued by the World Anti-Doping Agency, as amended from time to time, and published on the respective websites.
2. I understand and agree to the possible creation of my profile in ADAMS, which is hosted by WADA on servers based in Canada, and/or any other authorized National Anti-Doping Organization's similar system for the sharing of information, and to the entry of my *Doping Control*, whereabouts, *Therapeutic Use Exemptions*, *Athlete Biological Passport*, and sanction-related data in such systems for the purposes of anti-doping and as described above. I understand that if I am found to have committed an anti-doping rule violation and receive a sanction as a result, that the respective sanctions, my name, sport, *Prohibited Substance or Method*, and/or tribunal decision, may be publicly disclosed by IBA and its member National Federations and/or National Anti-Doping Organizations in accordance with the Code. I understand that my information will be retained for the duration as indicated in the ISPPPI.
3. I acknowledge the authority of IBA and its member National Federations and/or National Anti-Doping Organizations under the IBA Anti-Doping Rules to enforce, to manage results under, and to impose sanctions in accordance with the IBA Anti-Doping Rules and the IBA Disciplinary Code.
4. I acknowledge and agree that any dispute arising out of a decision made pursuant to the IBA Anti-Doping Rules, after exhaustion of the process expressly provided for in the IBA Anti-Doping Rules, may be appealed exclusively as provided in Article 13 of the IBA Antidoping Rules to an appellate body for final and binding arbitration, which in the case of International-Level Athletes is the Court of Arbitration for Sport (CAS).
5. I acknowledge and agree that the decisions of the arbitral appellate body referenced above shall be final and enforceable, and that I will not bring any claim, arbitration, lawsuit or litigation in any other court or tribunal.
6. I understand that:
 - a. My data, such as my name, contact information, birthdate, gender, sport nationality, voluntary medical information, and information derived from my testing sample will be collected and used by IBA, its Delegated Third Parties and member National Federations and/or National Anti-Doping Organizations and WADA for anti-doping purposes;
 - b. WADA-accredited laboratories will use the anti-doping administration and management system ("ADAMS") to process my laboratory test results for the sole purpose of anti-doping, but shall only have access to de-identified, key-coded data that will not disclose my identity;
 - c. I may have certain rights in relation to my *Doping Control*-related data under applicable laws and under WADA's International Standard for the Protection of Privacy and Personal Information (ISPPPI), including rights to access, rectification, restriction, opposition and deletion, and remedies with respect to any unlawful processing of my data, and I may also have a right to lodge a complaint with a national regulator responsible for data protection in my country;
 - d. If I object to the processing of my *Doping Control*-related data or withdraw my consent, it still may be necessary for IBA, its Delegated Third Parties and member National Federations and/or National Anti-Doping Organizations and/or WADA to continue to process (including retain) certain parts of my *Doping Control*-related data to fulfill obligations and responsibilities arising under the Code, International Standards or national anti-doping laws notwithstanding my request; including for

the purpose of investigations or proceedings related to a possible anti-doping rule violations; or to establish, exercise or defend against legal claims involving me, WADA and/or an Anti-Doping Organization.

e. Preventing the processing, including disclosure, of my *Doping Control*-related data may prevent me, WADA or Anti-Doping Organizations from complying with the Code and relevant WADA International Standards, which could have consequences for me, such as an anti-doping rule violation, under the Code;

f. To the extent that I have any concerns about the processing of my *Doping Control*-related data I may consult with IBA and/or WADA (privacy@wada-ama.org), as appropriate.

7. I understand and agree that my information may be shared with authorized service providers and competent Anti-Doping Organizations and public authorities as required for anti-doping purposes. I understand and agree that persons or parties receiving my information may be located outside the country where I reside, including in Switzerland and Canada, and that in some other countries data protection and privacy laws may not be equivalent to those in my own country. I understand that these entities may rely on and be subject to national anti-doping laws that override my consent or other applicable laws that may require information to be disclosed to local courts, law enforcement, or other public authorities. I can obtain more information on national anti-doping laws from my National Anti-Doping Agency.

I have read and understand this declaration.

____/____/_____
Date
(Day/Month/Year)

Print Athlete's Name (Last Name, First Name)

____/____/_____
Athlete's Date of Birth
(Day/Month/Year)

Signature

IBA MEDICAL CERTIFICATE

Athlete

NAME: _____

DATE OF BIRTH: _____

SIGNATURE: _____

DATE: _____

Doctor

NAME: _____

TITLE/POSITION: _____

ADDRESS: _____

SIGNATURE: _____

DATE: _____

STAMP _____

COMMENTS: _____

Fit to Box

Not Fit to Box

QUESTION FOR ATHLETE: IF YES, EXPLAIN

1. Is a Doctor currently treating you for anything?

2. Have you ever been unconscious or had a concussion?

3. Have you been hit hard in the head in the last 6 weeks?

4. Have you had any headaches in the last 2 weeks?

5. Do you have any problem with bleeding?

6. Do you have a history of hepatitis B or hepatitis C, or HIV infection?

7. Does any disease run in your family? Sudden unexpected deaths?

8. Have you had any surgery?

9. Have you ever had to stay in a hospital?

10. Do you have any medical condition?

Doctor's Stamp:

MEDICAL CERTIFICATE		ABNORMALITIES		
If Athlete had a Concussion in the past year, please certify that:	Medical Examination following rest period after Concussion was normal Athlete Fit To Box	Normal	Abnormal	
General Medical Exam	List abnormalities not covered in specific system exams below:			
Mental Status/ Psychological	Brief survey	Normal	Abnormal	
Head	Cranial nerves, eyes, pupil size and reactivity, Fundi, vision by chart (record)	Normal	Abnormal	
	Mouth, teeth, throat	Normal	Abnormal	
	Ears	Normal	Abnormal	
	Temporomandibular joint	Normal	Abnormal	
Neck	Cervical spine, lymph nodes	Normal	Abnormal	
Chest	Breath sounds, rib tenderness on compression	Normal	Abnormal	
Cardio Vascular System	Pulse/blood pressure (record)	Normal	Abnormal	
	Heart examination: sounds, murmurs, heaves, size, rhythm	Normal	Abnormal	
Orthopedic System	Upper limb: shoulder, wrist, hand, fingers	Normal	Abnormal	
	Lower limb: foot, ankle, knee, hip	Normal	Abnormal	
Neurological System	Reflexes	Normal	Abnormal	
	Verbal Responses	Normal	Abnormal	
	Motor responses and balance	Normal	Abnormal	
Allergies	(record)	Yes	No	
	Type of reaction (record)			
Medications used	Name and dosage (record)	Yes	No	

Any TUE Submitted ?

No

Yes (If YES, please explain):

Doctor's Stamp:

IBA Event Management Protocol During COVID-19 Pandemic

Declaration of the absence of COVID-19-specific symptoms

Name:

Nationality:

Date and time of arrival (DD/MM/YY, HH:MM):

Team Covid-19 Manager's name:

Consenting parent* for minors:

Have you noticed any of the following symptoms within the last 14 days (YES or No)?

Symptoms (YES/NO):

1. Body temperature over 37°C:
2. Dry cough:
3. Sore throat:
4. Sudden onset of shortness of breath:
5. Sudden onset of vomiting and/or diarrhoea:
6. Sudden onset of articular and/or muscle pain:
7. Fatigue without a known cause:

Are the following statements TRUE for you (YES or NO)?

8. In the past 1 month, have you or anyone in your household met a presumptive or declared COVID-19 infected person or anyone who got into close contact with such person?
9. Is anyone in your household under self or officially imposed quarantine?

I hereby declare on my honour that if any of the above symptoms occur at any point during my stay or travel, I will duly and immediately inform my Team's Covid-19 Manager, who shall then inform IBA and the Local Organising Committee's Covid-19 Managers.

Signature:

Print name:

Date (DD/MM/YYYY):

Team Covid-19 Manager:

Athlete / Parent*

*Consenting parent: parent, caretaker, authorized person to sign a consent on behalf of the minor.

IBA Event Management Protocol During COVID-19 Pandemic

COVID-19 Liability release waiver (Over 18 yrs)

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person to person through respiratory droplets, the IBA has set recommendations, guidelines, and some prohibitions throughout the IBA Events.

The IBA Event Management Protocol during COVID-19 Pandemic applies to all the IBA events' participants.

In consideration of my participation in the IBA events, I, the undersigned,

1. Confirm that I have taken good note of the IBA Event Management Protocol during COVID-19 and hereby undertake to comply with it.

2. Acknowledge and agree to the following:

- I am aware of the existence of the risk to my physical appearance at the venue and my participation in the IBA events that may cause injury or illness, such as COVID-19.
- I have not experienced symptoms of fever, fatigue, difficulty in breathing, dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.
- I have not been, nor any of my relatives, diagnosed to be infected with the COVID-19 virus within the last 30 days.

3. And, following the pronouncements above, I hereby declare the following:

- I am fully and personally responsible for my own safety and actions while and during my participation in the IBA events, and I recognize that I may be, in any case, be at risk of contracting COVID-19.
- With full knowledge of the risks involved, I hereby release, waive, and discharge IBA from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any IBA events while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.

By signing below, I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; That I have been sufficiently informed of the risks involved, and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.

Name: _____

Signature: _____

Date: _____

TECHNICAL VIDEO RECORDING AGREEMENT

I _____, on behalf of the National Federation of _____, acknowledge that IBA has granted the right to record the bouts of the **IBA World Boxing Tour Golden Belt Series Marrakech, Morocco 2023**, to our nominated delegation members from a dedicated area for technical purposes only.

I confirm that all members of the delegation will be advised and acknowledge that any persons recording bouts from other areas of the stadium may be removed and may have their accreditation rescinded.

I understand that the use of these recordings for commercial use and / or for broadcasting on social media networks is strictly prohibited and acknowledge that disciplinary and/or legal action may be taken against individuals and/or National Federations who do so.

Name _____

Signed: _____

Title (i.e. Team Manager, Coach, etc.): _____

National Federation: _____

Date: _____

DECLARATION OF NON-PREGNANCY

Declaration of Non-Pregnancy for Women Boxers aged 18 (eighteen) and Older

Date: _____

Place: _____

Name of Competition: _____

I, _____, declare that **I am not pregnant.**

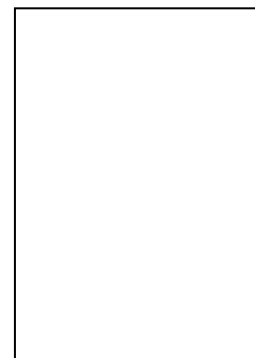
I understand the seriousness of this statement and accept full responsibility for it. In the case that this declaration is subsequently shown to be inaccurate or untrue and I suffer any related injury or damage during the competition, I, on behalf of myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against IBA (including its officials and employees), the organisers of the competition (including the Organising Committee and/or the Host Federation) and the Competition Venue owners for such injury or damage.

Signature of the Boxer: _____

REGISTRATION FORM

TO THE IBA WORLD BOXING TOUR GOLDEN BELT SERIES, MARRAKECH MOROCCO 2023

Federation: _____
Name of Participant: _____
Date of Birth & Age: (dd)/____(mm)/____(yyyy) Age: _____
Nationality: _____
Sex: _____ Passport No.: _____
Role of Participant: _____



* Athlete * Team Manager * Coach * Doctor * Observer

I. REGISTRATION

I, the undersigned, knowingly and without duress, do voluntarily submit my Entry to the IBA World Boxing Tour Golden Belt Series Marrakech, Morocco 2023 (hereafter the "Championships"). The IBA Youth Men's and Women's World Boxing Championship are hosted by the International Boxing Association (IBA) and organised by the Moroccan Boxing Federation (MBF), hereafter collectively referred to as the "Organizing Committee".

II. SUBMISSION TO IBA REGULATIONS AND THE JURISDICTION OF THE CAS

In consideration of the Organizing Committee accepting my application, I agree to abide by and follow all Regulations and Rules established by IBA and MBF.

I understand that any dispute, controversy or claim arising out of, or in connection with the Championships and not resolved after the exhaustion of the legal remedies set forth by IBA, my National Federation, and/or the MBF shall be exclusively submitted to the Court of Arbitration for Sport (CAS), Lausanne, Switzerland, in accordance with IBA Regulations and Constitution, except for "field-of-play" decisions, which cannot be subject to any appeal to CAS. Recourses to State Courts are expressly prohibited.

III. WAIVER OF LIABILITIES

I hereby assume all risk of physical and mental injuries, disabilities and losses which may result from or in connection with my participation in the Championships. Acting for myself, heirs, personal officers, agents, representatives and assignees, I do hereby release the Organizing Committee, its officers, agents, representatives, volunteers, judges and referees and other related members from all claims, actions, suits, and controversies at law or in equity by reason of any matter, cause or thing whatsoever that I may sustain as a result of or in connection with my participation in the Championships. I fully understand that all medical attention or treatment afforded to me by the Organizing Committee, its officers, medical personnel, representatives, volunteers, and all other related members will be of the first aid type only, and hereby release the Organizing Committee its officers, representatives, volunteers, and all other related members from any liability for such aid. I understand it is my obligation to obtain my own medical coverage.

IV. IMAGE RIGHTS

I agree that my performance, attendance, and participation at the Championships may be filmed or otherwise recorded or released or telecast live. I consent to allow the Organizing Committee to use of my name, address, voices, poses, pictures and biographical data concerning full or parts, in any form or language, with or without other material, throughout the world, without limitation, for television, radio, video, theatrical medium picture, or any other medium by any devices now known or hereafter devised and I do hereby waive any compensation in regard there of as well as any future rights to the aforementioned.

V. DATA PROTECTION

I acknowledge that the Organizing Committee, and any third parties contracted by them, may collect, store, process, use and disclose to third parties any personal information including, but not limited to my name, date of birth, contact details, image, historical and statistical data related to my affiliation, as well as to my participation, in any capacity, in these Championships, to the extent necessary or helpful to the organisation of the event. The Organizing Committee may create and update my personal data in any other way in which I have provided or will provide my express consent or as may be required by law.

I am aware that I can ask to have access to any of my personal data and that I am entitled to request their rectification to correspond to the truth. I have been duly informed and understand that the Organizing Committee may disclose personal information to third parties where such disclosures are required by law, informational purposes or deemed otherwise necessary. I am also entitled to object and refuse at any time the processing of my personal data, as described above, by written and signed communication sent to IBA, bearing in mind that such refusal may affect my participation in IBA competitions. I can request that all my personal data collected by the Organizing Committee be erased, notably if and when such personal information is no longer relevant.

VI. OTHER FORMS

As a condition of my participation in the Championships, I have taken due note, and I agree to sign the following mandatory forms exhibited on this application form:

- (A) Antidoping consent form (Boxers)
- (B) Medical certificate (Boxers)
- (C) Declaration of Non-Pregnancy
- (D) COVID-19 forms (two) (All participants)
- (E) Code of Conduct (All participants)
- (F) Declaration of Fit to Box (Boxers)

Anyone willing to record the bouts for technical purposes only will be required to fill in the following additional form:

- (F) Technical video recording agreement (One per team)

I have read and fully understand this form and its exhibits, including the arbitration clause and waivers listed above.

(Signature of Parent or Legal Guardian is required if the participant is under 18)

Name of Participant

Date

Signature of Participant

DECLARATION OF FIT TO BOX FORM

Last Name:	First Name:	Country:
Date of Birth:	Age:	Mobile no:

ANSWER ALL QUESTIONS

Have you ever been admitted to Hospital?	Yes	No
Have you had medical treatment for anything in the last 3 months?	Yes	No

Have you suffered from any of the following?

Any eye disorders or operations (including laser eye surgery)?	Yes	No
Any broken bones or cuts needing treatment in the previous 6 months?	Yes	No
Epilepsy or any other type of fit, faint, convulsion or black-out?	Yes	No

How are you today?

Are you taking any medication now?	Yes	No
Do you presently have a cough, cold or runny nose?	Yes	No
Have you been unwell in the last month?	Yes	No
When did you last box?		
Were you injured at that time?	Yes	No
After your last bout, were you medically suspended for any reason?	Yes	No
Do you understand the sport-specific medical risks of boxing?	No	Yes
Do you wish to box today?	No	Yes
WOMEN ONLY – can you confirm you are not pregnant?	No	Yes

Boxer's Signature:	Dated:
--------------------	--------

DOCTOR'S EXAMINATION NOTES	General:
Hands:	
ENT (incl gum shield fit etc):	Eyes:
CONFIRMED FIT TO BOX : YES / NO	Date/Time of Medical
Doctor's Signature:	Name:
Country:	IBA certified date:

Keep this form ringside for making contemporaneous notes of pre-, intra- and post-bout medical aspects, to be transposed as and when appropriate.

Space for making contemporaneous ringside notes during the bout and of the post-bout examination findings can be found below:

In-Bout Notes:

Signed:

Dated:

Name:

Post Bout Medical Notes:

Signed:

Dated:

Name:

Code of Conduct

In keeping with our continuous improvement and governance protocols, IBA hereby requests your fullest agreement in your capacity as a Boxing Competition Official, Team Official, Boxing Athlete or Delegate, to the following Code of Conduct, which will apply for the duration of this championship event, directly under the governing authority of IBA.

Integrity

1.0 I shall ensure that my conduct may not in any manner tarnish the reputation of the sport of boxing or IBA.

1.1 I shall in all instances, respect all event regulations set by both IBA and the LOC for this championship event.

1.2 I shall not collude or collaborate with any party by violating any technical or hereby other rules of the sport or the IBA Code of Ethics or Disciplinary Code.

1.3 I shall always conduct myself in a professional manner, respecting the organisation, the appointed Technical Delegate, all officials, and competitors to the event. This includes those supporting the LOC.

1.4 I shall not in any circumstances, directly or indirectly, solicit, accept, or offer any form of remuneration or commission, nor any concealed benefit, service or gift of any nature that could be considered as a bribe or undue influence.

1.5 I shall not bet on any part of the boxing competition, bouts, or anything that would conclude a decision of a contest; nor shall I share inside information at any time and in any circumstance.

Reporting Obligations

2.0 I must immediately upon receipt, report any approaches or offers, such as those described under paragraphs 1.4/1.5, directly to the Technical Delegate or to the IBA appointed staff. Direct communication can also be made to the following email address integrity@IBA.sport or by using the [dedicated form on IBA official website](#).

Harassment

3.0 I shall not enter into any form of harassment or abuse, be it physical, professional, or sexual, and cause or instigate any physical or mental injuries outside of the competition. In this respect, I am aware of the IBA Anti-harassment Policy.

3.1 I shall not discriminate against anyone based on race, colour, religion, gender, age, national origin, disability, or sexual orientation.

Responsibilities of Boxing Competition Officials

- 4.0** Any information deemed confidential I may receive from IBA or may learn in the course of my duties as a Boxing Competition Official, must remain totally confidential and must not be disclosed.
- 4.1** I shall not socialise with or become intimate or enter into any relationship with officials, boxers and/or coaches and seconds and/or other team delegation members. I shall not behave in any way which shall cast doubt on my impartiality as a Boxing Competition Official.
- 4.2** In the event that I have any type of relationship with officials, boxers and/or coaches and seconds and/or other team delegation members, I must immediately disclose this relationship(s) to IBA in writing at integrity@IBA.sport. I accept in advance that due to this relationship(s); I may not be allowed to further participate within the competition.
- 4.3** I shall fulfil my duties at the highest level. I shall never take biased decisions impacting the course of the outcome of the competition.
- 4.4** I shall not communicate with anyone about any event-related issue within the competition venue and/or any other location of the full duration of the Championships and post event, especially to persons from my own country such as National Federation members, Board members, the media, the public. I shall not comment about any competition-related issue on social media during or post event, nor shall I display any photographs during the Championships that may cause any kind of conflict or undue comment.
- 4.5** I shall be on time for all appointed competition duties assigned to me.
- 4.6** I shall be available to attend any Boxing Competition officials' meetings on or before the respective competition days.
- 4.7** I shall fulfil all duties assigned to me by the Technical Delegate with absolute due diligence.
- 4.8** I shall not use nor carry any electronic communication device, including but not limited to a mobile phone, a laptop, and a tablet computer, inside the competition venue. Exceptionally, the R&J Evaluators and Observers may use laptops to perform their official duties. Ringside Doctors are the exception based on their role requirements.
- 4.9** I shall always maintain a professional appearance when performing my duties as a Boxing Competition Official.
- 5.0** I shall not criticise or attempt to explain calls or decisions made by any Boxing Competition Official, including myself, unless requested to do so by the Technical Delegate.
- 5.1** I shall not be under the influence of alcohol or drugs, which will alter my judgement, while officiating or participating in any IBA competitions, including all related meetings, seminars, refresher training and weigh-in duties.
- 5.2** I shall not smoke in the competition venue, or any area not designated as such for smoking.
-

Interpretation and Sanctions

6.0 I agree to be bound by this Code of Conduct and the IBA Code of Ethics, the IBA Disciplinary Code and the IBA Anti-Harassment Policy; I acknowledge that any infringement of this code may be referred to the IBA Ethics Committee and/or IBA Disciplinary Committee and may lead to disciplinary measures and sanctions taken against me.

6.1 I also understand that at any point during an alleged breach of the Code of Conduct and/or breach of the IBA Code of Ethics / IBA Disciplinary Code during the competition, that my accreditation may be suspended or removed without prejudice whilst an investigation is initiated or ongoing.

Name: _____

Signature: _____

Role (circle one*): Athlete*/Team Official*/Competition Official

NOC code: _____

Date: _____

(Athletes and Team Officials only)

(dd/mm/yyyy)

ANTI-DOPING CONSENT FORM

As a member of the International Boxing Association (IBA) and/or a participant in an event authorized or recognized by IBA, I hereby declare as follows:

1. I acknowledge that I am bound by, and confirm that I shall comply with, all of the provisions of the IBA Statutes, IBA Competition Rules, IBA Disciplinary Code, IBA Anti-Doping Rules (as amended from time to time), the World Anti-Doping Code (the "Code") and the International Standards issued by the World Anti-Doping Agency, as amended from time to time, and published on the respective websites.
2. I understand and agree to the possible creation of my profile in ADAMS, which is hosted by WADA on servers based in Canada, and/or any other authorized National Anti-Doping Organization's similar system for the sharing of information, and to the entry of my *Doping Control*, whereabouts, *Therapeutic Use Exemptions*, *Athlete Biological Passport*, and sanction-related data in such systems for the purposes of anti-doping and as described above. I understand that if I am found to have committed an anti-doping rule violation and receive a sanction as a result, that the respective sanctions, my name, sport, *Prohibited Substance or Method*, and/or tribunal decision, may be publicly disclosed by IBA and its member National Federations and/or National Anti-Doping Organizations in accordance with the Code. I understand that my information will be retained for the duration as indicated in the ISPPPI.
3. I acknowledge the authority of IBA and its member National Federations and/or National Anti-Doping Organizations under the IBA Anti-Doping Rules to enforce, to manage results under, and to impose sanctions in accordance with the IBA Anti-Doping Rules and the IBA Disciplinary Code.
4. I acknowledge and agree that any dispute arising out of a decision made pursuant to the IBA Anti-Doping Rules, after exhaustion of the process expressly provided for in the IBA Anti-Doping Rules, may be appealed exclusively as provided in Article 13 of the IBA Antidoping Rules to an appellate body for final and binding arbitration, which in the case of International-Level Athletes is the Court of Arbitration for Sport (CAS).
5. I acknowledge and agree that the decisions of the arbitral appellate body referenced above shall be final and enforceable, and that I will not bring any claim, arbitration, lawsuit or litigation in any other court or tribunal.
6. I understand that:
 - a. My data, such as my name, contact information, birthdate, gender, sport nationality, voluntary medical information, and information derived from my testing sample will be collected and used by IBA, its Delegated Third Parties and member National Federations and/or National Anti-Doping Organizations and WADA for anti-doping purposes;
 - b. WADA-accredited laboratories will use the anti-doping administration and management system ("ADAMS") to process my laboratory test results for the sole purpose of anti-doping, but shall only have access to de-identified, key-coded data that will not disclose my identity;
 - c. I may have certain rights in relation to my *Doping Control*-related data under applicable laws and under WADA's International Standard for the Protection of Privacy and Personal Information (ISPPPI), including rights to access, rectification, restriction, opposition and deletion, and remedies with respect to any unlawful processing of my data, and I may also have a right to lodge a complaint with a national regulator responsible for data protection in my country;
 - d. If I object to the processing of my *Doping Control*-related data or withdraw my consent, it still may be necessary for IBA, its Delegated Third Parties and member National Federations and/or National Anti-Doping Organizations and/or WADA to continue to process (including retain) certain parts of my *Doping Control*-related data to fulfill obligations and responsibilities arising under the Code, International Standards or national anti-doping laws notwithstanding my request; including for

the purpose of investigations or proceedings related to a possible anti-doping rule violations; or to establish, exercise or defend against legal claims involving me, WADA and/or an Anti-Doping Organization.

e. Preventing the processing, including disclosure, of my *Doping Control*-related data may prevent me, WADA or Anti-Doping Organizations from complying with the Code and relevant WADA International Standards, which could have consequences for me, such as an anti-doping rule violation, under the Code;

f. To the extent that I have any concerns about the processing of my *Doping Control*-related data I may consult with IBA and/or WADA (privacy@wada-ama.org), as appropriate.

7. I understand and agree that my information may be shared with authorized service providers and competent Anti-Doping Organizations and public authorities as required for anti-doping purposes. I understand and agree that persons or parties receiving my information may be located outside the country where I reside, including in Switzerland and Canada, and that in some other countries data protection and privacy laws may not be equivalent to those in my own country. I understand that these entities may rely on and be subject to national anti-doping laws that override my consent or other applicable laws that may require information to be disclosed to local courts, law enforcement, or other public authorities. I can obtain more information on national anti-doping laws from my National Anti-Doping Agency.

I have read and understand this declaration.

____/____/____

Date
(Day/Month/Year)

Print Athlete's Name (Last Name, First Name)

____/____/____

Athlete's Date of Birth
(Day/Month/Year)

Signature

IBA MEDICAL CERTIFICATE

Athlete

NAME:

DATE OF BIRTH:

SIGNATURE:

DATE:

Doctor

NAME:

TITLE/POSITION:

ADDRESS:

SIGNATURE:

DATE:

STAMP

COMMENTS:

Fit to Box

Not Fit to Box

QUESTION FOR ATHLETE: IF YES, EXPLAIN

1. Is a Doctor currently treating you for anything?

2. Have you ever been unconscious or had a concussion?

3. Have you been hit hard in the head in the last 6 weeks?

4. Have you had any headaches in the last 2 weeks?

5. Do you have any problem with bleeding?

6. Do you have a history of hepatitis B or hepatitis C, or HIV infection?

7. Does any disease run in your family? Sudden unexpected deaths?

8. Have you had any surgery?

9. Have you ever had to stay in a hospital?

10. Do you have any medical condition?

Doctor's Stamp:

MEDICAL CERTIFICATE		ABNORMALITIES		
If Athlete had a Concussion in the past year, please certify that:	Medical Examination following rest period after Concussion was normal Athlete Fit To Box	Normal	Abnormal	
General Medical Exam	List abnormalities not covered in specific system exams below:			
Mental Status/ Psychological	Brief survey	Normal	Abnormal	
Head	Cranial nerves, eyes, pupil size and reactivity, Fundi, vision by chart (record)	Normal	Abnormal	
	Mouth, teeth, throat	Normal	Abnormal	
	Ears	Normal	Abnormal	
	Temporomandibular joint	Normal	Abnormal	
Neck	Cervical spine, lymph nodes	Normal	Abnormal	
Chest	Breath sounds, rib tenderness on compression	Normal	Abnormal	
Cardio Vascular System	Pulse/blood pressure (record)	Normal	Abnormal	
	Heart examination: sounds, murmurs, heaves, size, rhythm	Normal	Abnormal	
Orthopedic System	Upper limb: shoulder, wrist, hand, fingers	Normal	Abnormal	
	Lower limb: foot, ankle, knee, hip	Normal	Abnormal	
Neurological System	Reflexes	Normal	Abnormal	
	Verbal Responses	Normal	Abnormal	
	Motor responses and balance	Normal	Abnormal	
Allergies	(record)	Yes	No	
	Type of reaction (record)			
Medications used	Name and dosage (record)	Yes	No	

Any TUE Submitted ?

No

Yes (If YES, please explain):

Doctor's Stamp:

IBA Event Management Protocol During COVID-19 Pandemic

Declaration of the absence of COVID-19-specific symptoms

Name:

Nationality:

Date and time of arrival (DD/MM/YY, HH:MM):

Team Covid-19 Manager's name:

Consenting parent* for minors:

Have you noticed any of the following symptoms within the last 14 days (YES or No)?

Symptoms (YES/NO):

1. Body temperature over 37°C:
2. Dry cough:
3. Sore throat:
4. Sudden onset of shortness of breath:
5. Sudden onset of vomiting and/or diarrhoea:
6. Sudden onset of articular and/or muscle pain:
7. Fatigue without a known cause:

Are the following statements TRUE for you (YES or NO)?

8. In the past 1 month, have you or anyone in your household met a presumptive or declared COVID-19 infected person or anyone who got into close contact with such person?
9. Is anyone in your household under self or officially imposed quarantine?

I hereby declare on my honour that if any of the above symptoms occur at any point during my stay or travel, I will duly and immediately inform my Team's Covid-19 Manager, who shall then inform IBA and the Local Organising Committee's Covid-19 Managers.

Signature:

Print name:

Date (DD/MM/YYYY):

Team Covid-19 Manager:

Athlete / Parent*

*Consenting parent: parent, caretaker, authorized person to sign a consent on behalf of the minor.

IBA Event Management Protocol During COVID-19 Pandemic

COVID-19 Liability release waiver (Over 18 yrs)

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person to person through respiratory droplets, the IBA has set recommendations, guidelines, and some prohibitions throughout the IBA Events.

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In consideration of my participation in the IBA events, I, the undersigned,

1. Confirm that I have taken good note of the IBA Event Management Protocol during COVID-19 and hereby undertake to comply with it.

2. Acknowledge and agree to the following:

- I am aware of the existence of the risk to my physical appearance at the venue and my participation in the IBA events that may cause injury or illness, such as COVID-19.
- I have not experienced symptoms of fever, fatigue, difficulty in breathing, dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.
- I have not been, nor any of my relatives, diagnosed to be infected with the COVID-19 virus within the last 30 days.

3. And, following the pronouncements above, I hereby declare the following:

- I am fully and personally responsible for my own safety and actions while and during my participation in the IBA events, and I recognize that I may be, in any case, be at risk of contracting COVID-19.
- With full knowledge of the risks involved, I hereby release, waive, and discharge IBA from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any IBA events while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.

By signing below, I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; That I have been sufficiently informed of the risks involved, and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.

Name: _____

Signature: _____

Date: _____

TECHNICAL VIDEO RECORDING AGREEMENT

I _____, on behalf of the National Federation of

_____, acknowledge that IBA has granted the right to record the bouts of the **IBA World Boxing Tour Golden Belt Series Marrakech, Morocco 2023**, to our nominated delegation members from a dedicated area for technical purposes only.

I confirm that all members of the delegation will be advised and acknowledge that any persons recording bouts from other areas of the stadium may be removed and may have their accreditation rescinded.

I understand that the use of these recordings for commercial use and / or for broadcasting on social media networks is strictly prohibited and acknowledge that disciplinary and/or legal action may be taken against individuals and/or National Federations who do so.

Name _____

Signed: _____

Title (i.e. Team Manager, Coach, etc.): _____

National Federation: _____

Date: _____

DECLARATION OF NON-PREGNANCY

Declaration of Non-Pregnancy for Women Boxers aged 18 (eighteen) and Older

Date: _____

Place: _____

Name of Competition: _____

I, _____, declare that **I am not pregnant.**

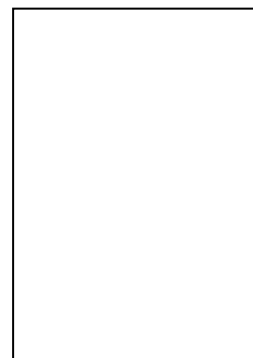
I understand the seriousness of this statement and accept full responsibility for it. In the case that this declaration is subsequently shown to be inaccurate or untrue and I suffer any related injury or damage during the competition, I, on behalf of myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against IBA (including its officials and employees), the organisers of the competition (including the Organising Committee and/or the Host Federation) and the Competition Venue owners for such injury or damage.

Signature of the Boxer: _____

REGISTRATION FORM

TO THE IBA WORLD BOXING TOUR GOLDEN BELT SERIES, MARRAKECH MOROCCO 2023

Federation: _____
Name of Participant: _____
Date of Birth & Age: ____ (dd)/ ____ (mm)/ ____ (yyyy) Age: ____
Nationality: _____
Sex: _____ Passport No.: _____
Role of Participant: _____



* Athlete * Team Manager * Coach * Doctor * Observer

I. REGISTRATION

I, the undersigned, knowingly and without duress, do voluntarily submit my Entry to the IBA World Boxing Tour Golden Belt Series Marrakech, Morocco 2023 (hereafter the "Championships"). The IBA Youth Men's and Women's World Boxing Championship are hosted by the International Boxing Association (IBA) and organised by the Moroccan Boxing Federation (MBF), hereafter collectively referred to as the "Organizing Committee".

II. SUBMISSION TO IBA REGULATIONS AND THE JURISDICTION OF THE CAS

In consideration of the Organizing Committee accepting my application, I agree to abide by and follow all Regulations and Rules established by IBA and MBF.

I understand that any dispute, controversy or claim arising out of, or in connection with the Championships and not resolved after the exhaustion of the legal remedies set forth by IBA, my National Federation, and/or the MBF shall be exclusively submitted to the Court of Arbitration for Sport (CAS), Lausanne, Switzerland, in accordance with IBA Regulations and Constitution, except for "field-of-play" decisions, which cannot be subject to any appeal to CAS. Recourses to State Courts are expressly prohibited.

III. WAIVER OF LIABILITIES

I hereby assume all risk of physical and mental injuries, disabilities and losses which may result from or in connection with my participation in the Championships. Acting for myself, heirs, personal officers, agents, representatives and assignees, I do hereby release the Organizing Committee, its officers, agents, representatives, volunteers, judges and referees and other related members from all claims, actions, suits, and controversies at law or in equity by reason of any matter, cause or thing whatsoever that I may sustain as a result of or in connection with my participation in the Championships. I fully understand that all medical attention or treatment afforded to me by the Organizing Committee, its officers, medical personnel, representatives, volunteers, and all other related members will be of the first aid type only, and hereby release the Organizing Committee its officers, representatives, volunteers, and all other related members from any liability for such aid. I understand it is my obligation to obtain my own medical coverage.

IV. IMAGE RIGHTS

I agree that my performance, attendance, and participation at the Championships may be filmed or otherwise recorded or released or telecast live. I consent to allow the Organizing Committee to use of my name, address, voices, poses, pictures and biographical data concerning full or parts, in any form or language, with or without other material, throughout the world, without limitation, for television, radio, video, theatrical medium picture, or any other medium by any devices now known or hereafter devised and I do hereby waive any compensation in regard there of as well as any future rights to the aforementioned.

V. DATA PROTECTION

I acknowledge that the Organizing Committee, and any third parties contracted by them, may collect, store, process, use and disclose to third parties any personal information including, but not limited to my name, date of birth, contact details, image, historical and statistical data related to my affiliation, as well as to my participation, in any capacity, in these Championships, to the extent necessary or helpful to the organisation of the event. The Organizing Committee may create and update my personal data in any other way in which I have provided or will provide my express consent or as may be required by law.

I am aware that I can ask to have access to any of my personal data and that I am entitled to request their rectification to correspond to the truth. I have been duly informed and understand that the Organizing Committee may disclose personal information to third parties where such disclosures are required by law, informational purposes or deemed otherwise necessary. I am also entitled to object and refuse at any time the processing of my personal data, as described above, by written and signed communication sent to IBA, bearing in mind that such refusal may affect my participation in IBA competitions. I can request that all my personal data collected by the Organizing Committee be erased, notably if and when such personal information is no longer relevant.

VI. OTHER FORMS

As a condition of my participation in the Championships, I have taken due note, and I agree to sign the following mandatory forms exhibited on this application form:

- (A) Antidoping consent form (Boxers)
- (B) Medical certificate (Boxers)
- (C) Declaration of Non-Pregnancy
- (D) COVID-19 forms (two) (All participants)
- (E) Code of Conduct (All participants)
- (F) Declaration of Fit to Box (Boxers)

Anyone willing to record the bouts for technical purposes only will be required to fill in the following additional form:

- (F) Technical video recording agreement (One per team)

I have read and fully understand this form and its exhibits, including the arbitration clause and waivers listed above.

(Signature of Parent or Legal Guardian is required if the participant is under 18)

Name of Participant

Date

Signature of Participant

DECLARATION OF FIT TO BOX FORM

Last Name:	First Name:	Country:
Date of Birth:	Age:	Mobile no:

ANSWER ALL QUESTIONS

Have you ever been admitted to Hospital?	Yes	No
Have you had medical treatment for anything in the last 3 months?	Yes	No

Have you suffered from any of the following?

Any eye disorders or operations (including laser eye surgery)?	Yes	No
Any broken bones or cuts needing treatment in the previous 6 months?	Yes	No
Epilepsy or any other type of fit, faint, convulsion or black-out?	Yes	No

How are you today?

Are you taking any medication now?	Yes	No
Do you presently have a cough, cold or runny nose?	Yes	No
Have you been unwell in the last month?	Yes	No
When did you last box?		
Were you injured at that time?	Yes	No
After your last bout, were you medically suspended for any reason?	Yes	No
Do you understand the sport-specific medical risks of boxing?	No	Yes
Do you wish to box today?	No	Yes
WOMEN ONLY – can you confirm you are not pregnant?	No	Yes

Boxer's Signature:	Dated:
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DOCTOR'S EXAMINATION NOTES	General:
Hands:	
ENT (incl gum shield fit etc):	Eyes:
CONFIRMED FIT TO BOX : YES / NO	Date/Time of Medical
Doctor's Signature:	Name:
Country:	IBA certified date:

Keep this form ringside for making contemporaneous notes of pre-, intra- and post-bout medical aspects, to be transposed as and when appropriate.

Space for making contemporaneous ringside notes during the bout and of the post-bout examination findings can be found below:

In-Bout Notes:

Signed:

Dated:

Name:

Post Bout Medical Notes:

Signed:

Dated:

Name:

Code of Conduct

In keeping with our continuous improvement and governance protocols, IBA hereby requests your fullest agreement in your capacity as a Boxing Competition Official, Team Official, Boxing Athlete or Delegate, to the following Code of Conduct, which will apply for the duration of this championship event, directly under the governing authority of IBA.

Integrity

1.0 I shall ensure that my conduct may not in any manner tarnish the reputation of the sport of boxing or IBA.

1.1 I shall in all instances, respect all event regulations set by both IBA and the LOC for this championship event.

1.2 I shall not collude or collaborate with any party by violating any technical or hereby other rules of the sport or the IBA Code of Ethics or Disciplinary Code.

1.3 I shall always conduct myself in a professional manner, respecting the organisation, the appointed Technical Delegate, all officials, and competitors to the event. This includes those supporting the LOC.

1.4 I shall not in any circumstances, directly or indirectly, solicit, accept, or offer any form of remuneration or commission, nor any concealed benefit, service or gift of any nature that could be considered as a bribe or undue influence.

1.5 I shall not bet on any part of the boxing competition, bouts, or anything that would conclude a decision of a contest; nor shall I share inside information at any time and in any circumstance.

Reporting Obligations

2.0 I must immediately upon receipt, report any approaches or offers, such as those described under paragraphs 1.4/1.5, directly to the Technical Delegate or to the IBA appointed staff. Direct communication can also be made to the following email address integrity@IBA.sport or by using the [dedicated form on IBA official website](#).

Harassment

3.0 I shall not enter into any form of harassment or abuse, be it physical, professional, or sexual, and cause or instigate any physical or mental injuries outside of the competition. In this respect, I am aware of the IBA Anti-harassment Policy.

3.1 I shall not discriminate against anyone based on race, colour, religion, gender, age, national origin, disability, or sexual orientation.

Responsibilities of Boxing Competition Officials

- 4.0** Any information deemed confidential I may receive from IBA or may learn in the course of my duties as a Boxing Competition Official, must remain totally confidential and must not be disclosed.
- 4.1** I shall not socialise with or become intimate or enter into any relationship with officials, boxers and/or coaches and seconds and/or other team delegation members. I shall not behave in any way which shall cast doubt on my impartiality as a Boxing Competition Official.
- 4.2** In the event that I have any type of relationship with officials, boxers and/or coaches and seconds and/or other team delegation members, I must immediately disclose this relationship(s) to IBA in writing at integrity@IBA.sport. I accept in advance that due to this relationship(s); I may not be allowed to further participate within the competition.
- 4.3** I shall fulfil my duties at the highest level. I shall never take biased decisions impacting the course of the outcome of the competition.
- 4.4** I shall not communicate with anyone about any event-related issue within the competition venue and/or any other location of the full duration of the Championships and post event, especially to persons from my own country such as National Federation members, Board members, the media, the public. I shall not comment about any competition-related issue on social media during or post event, nor shall I display any photographs during the Championships that may cause any kind of conflict or undue comment.
- 4.5** I shall be on time for all appointed competition duties assigned to me.
- 4.6** I shall be available to attend any Boxing Competition officials' meetings on or before the respective competition days.
- 4.7** I shall fulfil all duties assigned to me by the Technical Delegate with absolute due diligence.
- 4.8** I shall not use nor carry any electronic communication device, including but not limited to a mobile phone, a laptop, and a tablet computer, inside the competition venue. Exceptionally, the R&J Evaluators and Observers may use laptops to perform their official duties. Ringside Doctors are the exception based on their role requirements.
- 4.9** I shall always maintain a professional appearance when performing my duties as a Boxing Competition Official.
- 5.0** I shall not criticise or attempt to explain calls or decisions made by any Boxing Competition Official, including myself, unless requested to do so by the Technical Delegate.
- 5.1** I shall not be under the influence of alcohol or drugs, which will alter my judgement, while officiating or participating in any IBA competitions, including all related meetings, seminars, refresher training and weigh-in duties.
- 5.2** I shall not smoke in the competition venue, or any area not designated as such for smoking.
-

Interpretation and Sanctions

6.0 I agree to be bound by this Code of Conduct and the IBA Code of Ethics, the IBA Disciplinary Code and the IBA Anti-Harassment Policy; I acknowledge that any infringement of this code may be referred to the IBA Ethics Committee and/or IBA Disciplinary Committee and may lead to disciplinary measures and sanctions taken against me.

6.1 I also understand that at any point during an alleged breach of the Code of Conduct and/or breach of the IBA Code of Ethics / IBA Disciplinary Code during the competition, that my accreditation may be suspended or removed without prejudice whilst an investigation is initiated or ongoing.

Name: _____

Signature: _____

Role (circle one*): Athlete*/Team Official*/Competition Official

NOC code: _____

Date: _____

(Athletes and Team Officials only)

(dd/mm/yyyy)