



# Malta Boxing Association

c/o 5, Camelia Street, Hamrun. HMR1700  
Malta

Email: [maltaboxingsec@gmail.com](mailto:maltaboxingsec@gmail.com)

[www.maltaboxingassociation.org](http://www.maltaboxingassociation.org)

## COACH - BOXER RELEASE FORM

**(Only to be filled if there is an agreement between both registered with the MBA)**

SECTION A – TO BE COMPLETED BY THE BOXER			
DATE OF APPLICATION			
BOXER'S FIRST NAME			
BOXER'S SURNAME			
GENDER	MALE	FEMALE	DATE OF BIRTH / /
ADDRESS			
	POSTCODE:		
PHONE NUMBER/S			
EMAIL			
I.D CARD / PASSPORT	<b>(Photocopy is required)</b>		
Signature of Boxer:			MBA Official Witness' Name & Signature

SECTION B: TO BE FILLED BY THE COACH WHOM THE BOXER IS REGISTERED ON	
COACH'S FIRST NAME	
COACH'S SURNAME	
DATE OF BIRTH	
ADDRESS	
	POSTCODE:
PHONE NUMBER/S	
EMAIL	
I.D CARD / PASSPORT	<b>(Photocopy is required)</b>
I the undersigned hereby declare that I am no longer coach of the above mentioned boxer.	
MBA Official Witness' Name & Signature.....	
Signature: .....	Date: ..... / ..... / .....

**ALL SIGNATURES MUST BE MADE IN THE PRESENCE OF AN MBA OFFICIAL**

<b><u>To be filled by the Malta Boxing Association</u></b>	
Date received: ..... /...../.....	Secretary's Signature: .....



A non-profit organisation members of: European Boxing Union



World Boxing Council



Malta's Council for Sport