



# Malta Boxing Association

MBA Office - 52/1, Tigne Seafront,  
Sliema. Malta. SLM3011

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**

**To be filled by the Malta Boxing Association**

Date received: ..... / ..... / .....

Secretary's Signature: .....

