



IBA
YOUTH MEN'S
& WOMEN'S
WORLD
BOXING
CHAMPIONSHIPS '22
LA NUCÍA • SPAIN

13-27 November 2022
La Nucía (Alicante)

Version 2.0

* 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.



IBA YOUTH MEN'S AND WOMEN'S WORLD BOXING CHAMPIONSHIP



Umar Kremlev

President of International Boxing
Association (IBA)

Dear IBA Family,

I am happy to welcome each of you to IBA Youth Men's & Women's World Boxing Championships in La Nucía, Spain! Without exaggeration, this is a celebration of grassroots boxing on a worldwide level.

Many of you have witnessed our youth boxers at the various continental tournaments, now it's time they shined on the international stage. Some of the boxers might well become superstars of our sport, and this is a unique moment to see their first steps towards elite boxing. This is a great opportunity to discover new talents and show your passion for our sport.

I would like to thank Spanish Boxing Federation for its efforts to organize the IBA event at the highest possible level. I am confident in the success of this Championships!

I wish everyone to enjoy the spectacular fights at IBA Youth World Boxing Championships no matter watching them in-person or online. Furthermore, I wish the athletes to show their best in every single bout and to achieve their goals!

Sincerely yours,
Umar Kremlev
IBA President



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Felipe José Martínez

President of the Spanish
Boxing Federation

IBA Boxing Family Members, Dear Athletes and Sportspeople,

It is a great honor to host such an important event as the IBA Youth Men's & Women's Boxing World championships in our city of La Nucía. We are truly honored to welcome every participant, each one of our guests, with warm Spanish hospitality.

It is the first time that our country is the venue for a World Boxing Championship, also being the year of our centenary. The work done in recent years has made boxing in our country more important. Our experience in international tournaments and European events will make this edition a great tournament.

I firmly believe that the Spanish Boxing Federation will do a fantastic job in organizing this championship and that both the competitors and spectators will take great pleasure in the opportunity to participate in it.

I would like to thank President Umar Kremlev for his contribution to organise this event and his great help in making our dreams come true. Spanish Boxing Federation is looking forward to your visit to Spain to share this unique experience.

Sincerely,

Felipe José Martínez
President of Spanish Boxing Federation
EUBC Board of Directors Member



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1. ORGANISER

The Spanish Boxing Federation, affiliated with IBA, has been entrusted with the organization of the IBA Youth Men's and Women's World Boxing Championships, La Nucía, Spain, 2022.

2. CONTACTS

SUBJECT	E-MAIL
Registrations for Team Delegations	database@iba.sport
Registrations for Extra Officials	database@iba.sport
Visa & Entry Requirements	accreditation.ywch2022@feboxeo.com
Competition related	sport@iba.sport
Press & Media related	communication@iba.sport
Accommodation	hotel.ywch2022@feboxeo.com
Transport	transfer.ywch2022@feboxeo.com

3. COVID-19 PROTOCOL – IF APPLICABLE

The event is approved as a professional sports event with a very strict countermeasure concept and therefore, the IBA Event Management Protocol during the COVID-19 pandemic will be implemented. According to the current COVID-19 situation in the Host 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:

- Present, on arrival, **an individual COVID-19 medical certificate (PCR test made within 48 hours before arrival) with a negative result or certificate COVID vaccine complete. Nobody is allowed to leave the hotel at any time during the tournament period**
- At the request of the Spanish Ministry of Health, we inform you that any person from countries of the European Union, associated Schengen area and Third Countries have to fill out a record hosted on the website of the Ministry of Health:
<https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov-China/spth.htm>)



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- Mask must be worn at all times in the areas recommended by LOC and COVID-19 Managers
- Distance minimum 1,5m at any time
- Disinfection fluid and hand sanitizers must be used as often as possible
- For breakfast, lunch and dinner, teams will get a timeslot
- Temperature measurement for all participants every day
- Rapid tests will be done randomly for all groups of participants

4. COMPETITION

a. Format

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

Thirteen (13) male weight categories will be contested:	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	-

Twelve (12) female weight categories will be contested:	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	-



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- The Bout Review Rule (IBA Technical & Competition Rule no. 20) will not be applied.
- The Official Draw will be conducted by the Timing & Scoring operator.
- Two rings will be used until the semi-finals phase.
- Medals will be distributed to the first 4 boxers of each weight category (1 Gold, 1 silver, 2 Bronze).
- The Technical Delegate of the event is To Be Determined
- 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 November 13, 2022. Teams will be informed of the exact date and time of their appointment during accreditation after arrival. Please ensure arriving in La Nucía, Spain, on or before November 13, 2022.

Each Team delegation can appoint a maximum of 2 persons to attend the Sport Entries Check. IBA recommends that each team 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.



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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. COVID-19 Declaration of No symptoms Form signed by all team members
9. COVID-19 Liability Waiver Form
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

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.**



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5. EVENT SCHEDULE

Event	Time	Place
November 12		
Arrivals	All day	Team Hotel
November 13 to November 27		
Accreditation Centre	08:00 – 20:00 (Nov 13 – 15) 10:00 – 20:00 (Nov 16 onwards)	Team Hotel – Meliá Benidorm
November 13		
Sport Entries Check – day 1	09:00 – 12:00 13:30 – 18:00	Team Hotel – Meliá Benidorm
November 14		
Sport Entries Check – day 2	09:00 – 12:00	Team Hotel – Meliá Benidorm
Technical Meeting	15:00 – 16:00	Team Hotel – Meliá Benidorm
Official Draw	16:00 – 17:30	Team Hotel – Meliá Benidorm
Opening Ceremony	19:00 – 20:30	Competition Venue
Welcome Dinner (officials, team reps – no athletes)	21:00 – 22:30	TBD
November 15 – November 26 (Except November 23)		
Daily Weigh-in	08:00 – 09:00	Team Hotel – Meliá Benidorm
November 15 to November 22 (2 Rings)		
Preliminaries/Quarterfinals	14:00 ~ Afternoon 18:00 ~ Evening	Competition Venue
November 23 (2 Rings)		
Semi-Finals	14:00 ~ Afternoon 18:00 ~ Evening	Competition Venue
November 24 (Change to 1 Ring)		
REST DAY		
November 25		
Finals and Medal Ceremonies	18:00	Competition Venue
November 26		
Finals and Medal Ceremonies	18:00	Competition Venue
Farewell Dinner		
November 27		
Departures		



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6. REGISTRATIONS

a. Participating Boxers

AGE ELIGIBILITY: Boxers born from January 01, 2004 to December 31, 2005

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 6 Coaches
 - 9 – 13 Boxers: Up to 8 Coaches
 - 13 – 25 Boxers: Up to 10 Coaches

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.



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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.

In the event where one of your representatives has special security needs (personal security), please make sure to contact the LOC at accreditation.ywch2022@feboxeo.com to arrange access, accreditation and entry into Spain in accordance with local authorities.

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



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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	September 14 - October 14, 2022 (23:59 GMT)
Teams officials	Each national federation through web registration on the database	September 14 - October 14, 2022 (23:59 GMT)
Extra team officials	Each national federation through web registration on the database ("extra-officials" section)	September 14 - October 14, 2022 (23:59 GMT)
Arrival/Departure time of the delegation	Each national federation through web registration on the database ("travel details" section)	September 14 - October 14, 2022 (23:59 GMT)
Rooming list	Each national federation through web registration on the database ("room request" section)	September 14 - October 14, 2022 (23:59 GMT)



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7. VISA & ENTRY REQUIREMENTS

The Organiser will provide assistance regarding Visa if required.

a. Contacts

For all information, please contact: visa.ywch2022@feboxeo.com

- Visa contact person – Teresa Romero de Rojas
- Mobile (WhatsApp): +34 645 682 266

b. Process

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

- Team delegations who need a Visa must immediately request it at the Spain Embassy/Consulate of their country
- For general and more information, please have a look at <https://www.exteriores.gob.es/en/ServiciosAlCiudadano/Paginas/Recomendaciones-de-viaje.aspx>

The deadline to request assistance is **October 14, 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 transfer.ywch2022@feboxeo.com

The airport of arrival and departure will be **International Airport Alicante-Elche Miguel Hernández (ALC)**.

Deadline to submit arrival and departure information: **October 14,2022**



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b. Local Transportation

Local transportation will be provided by the organizers:

- To and from International Airport Alicante-Elche Miguel Hernández (ALC)
- To and from the hotel to/from the competition and training venue
- To and from the Hotel to/from the Technical meeting and Official Draw
- To and from the hotel for the Opening Ceremony

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.

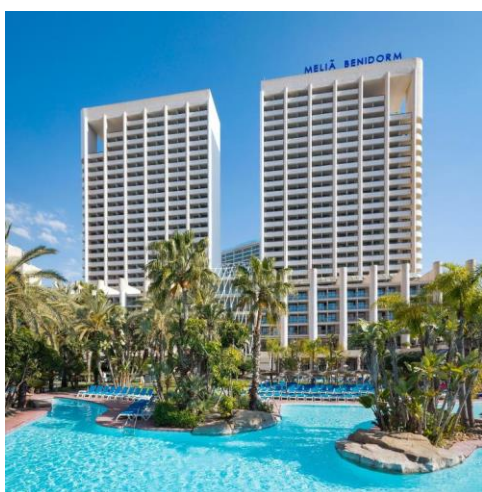
TEAM DELEGATION HOTEL

HOTEL #1

Name: Hotel Meliá Benidorm****

Address: Av. Dr. Severo Ochoa, 1, 03503 Benidorm, Alicante

Distance to Venue: 20' by bus (Scheduled transfers every 40 minutes)



Types	Prices (Full board) / per person
Single Room	120 euro
Double Room	90 euro
Triple Room	80 euro

HOTEL #2

Name: Dynastic Hotel & Spa****

Address: Av. Ametlla de Mar, 15, 03503 Benidorm, Alicante

Distance to Venue: 20' by bus (Scheduled transfers every 40 minutes).



Types	Prices (Full board) / per person
Single Room	110 euro
Double Room	85 euro
Triple Room	70 euro

b. 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.

HOTEL #1

Name: Albir Playa Hotel & SPA****

Address: Camí Vell d'Altea, 51, 03581 l'Alfàs del Pi, Alicante

Distance to Venue: 15' by bus (Scheduled transfers at the beginning and end of each day).



Types	Prices (Full board) / per person
Single Room	120 euro
Double Room	90 euro

c. VIP Hotel

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

HOTEL #1

Name: Hotel Barceló La Nucia Hills*****

Address: Carrer Pagre, 7, 03530 La Nucia, Alicante, Spain

Distance to Venue: 15' by bus.



Types	Prices (Full board) / per person
Single Room	180 euro
Double Room	120 euro



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d. Payment conditions

All Team Delegations must pay their full room charges as above for the entire Championships Period by October 28, 2022.

Please see the bank information below.

Bank Name: CAIXABANK

Beneficiary: Spanish Boxing Federation

Team Delegations are requested to submit their choice and needs through IBA Database before October 14th, 2022.

Swift Code: CAIX ES BB XXX

IBAN: ES84 2100 2224 1102 0021 0465

10. COMPETITION & TRAINING VENUE

a. Competition Venue

Name: Ciudad Deportiva Camilo Cano

Address: Partida Muixara, s/n, 03530 La Nucia, Alicante

Seating Capacity: 2500/3000



b. Training Venue

The Training Venue will be located at Hotel Meliá Benidorm****.

It is a room inside the hotel with the following characteristics: 400 m2 (23 m x 17 m) with a capacity for 450 people. There are two floor rings and a structure with bags for training.



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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 Hotel Meliá Benidorm****.

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 October 14, 2022.

c. For Media and Press

International Media

For accreditation, please contact: communication@iba.sport

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

For accreditation, please contact: comunicación@feboxeo.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.



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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 October 21, 2022 (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

Several awards will be distributed after the last finals ceremony.



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18. HOST CITY – LA NUCÍA

DISCOVER THE CITY

The first settlers in this area came here attracted by fertile soils and plentiful water. They settled in a promontory where the future town of LA NUCÍA would be located.

The town is placed in a privileged spot between the sea and the mountains in the Region of La Marina Baixa. It is 10km away from Benidorm and 3kms away from Altea.

The name of La Nucía comes from the Arabic name Naziha, which means "delicious". In 1705, La Nucía became an independent town when it separated from the Barony of Polop. As you walk along the streets of the Old Town and discover its most emblematic spots, you will be pleasantly SURPRISED!

Going for a walk along the streets of the Old Town is a real pleasure. You can visit the main square, the 18th-century church, the washhouse and the water spouts. They are beautiful places. When you discover them, you won't be disappointed!



SPORT AS A LIVELIHOOD

The City of Sports Camilo Cano has become a reference point at a national and international level in Sports Tourism. La Nucía has recently been awarded the prestigious title of European City of Sport 2013 in the European Parliament and the National Sports Award 2012, awarded by the Sports Council of Spain.

Important sports events are organized throughout the whole year, attracting thousands of visitors from all over the world to visit our town. The La Nucía City of Sport has a total number of 66 sports facilities in a 120,000 m² area.



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CULTURAL OFFER

The Seu Universitaria de La Nucía (university headquarters), the former Municipal Public School, is located in the Old Part of the Village. A different number of courses and seminars are held there during the whole year.

The Auditori de la Mediterrànea (Concert Hall) offers the visitor a program of activities full of cultural and artistic proposals, the best theatre plays, music, dance Art and Culture to enjoy.

NATURE AND ENVIRONMENT

Natural spots such as El Captivador and Ermita de Sant Vicent, our walking paths, the Environmental Educational Centre-CEM, or El Calvari, with a spectacular view of La Nucía. Places to dream, come and discover them!

The wide net of walking paths of El Captivador in La Nucia includes six different routes with an extension of 23 kilometers. All of them cross the protected natural area of El Captivador. Visitors can use these paths or green routes for running, cycling or training.

The area of La Font de La Favara is the most important Green space in La Nucia. In addition to a beautiful waterfall of 5 meters, you will also find a picnic area, swings for the children and a spectacular panoramic view.





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19. DOCUMENTS FOR SPORTS ENTRY CHECK

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 for minors (under 18yrs)

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 IBA Events.

The IBA Event Management Protocol during COVID-19 Pandemic applies to all the IBA events' participants. In consideration of my participation in IBA events, I, the undersigned, hereby certify that I am the adult parent or guardian of a minor athlete under the age of eighteen years and:

1. Confirm that I personally and the minor athlete have taken good note of the IBA Event Management Protocol during COVID-19 and hereby undertake to comply with it.
2. I personally and the minor athlete acknowledge and agree to the following:
 - I am aware of the existence of the risk on the minor athlete's physical appearance to the venue and participation to the IBA events that may cause injury or illness such as COVID-19.
 - Neither I personally nor the minor athlete experienced symptoms of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.
 - Neither I personally nor the minor athlete have not been, nor any of our relatives, diagnosed to be infected of COVID-19 virus within the last 30 days.
3. And, following the pronouncements above, I personally and on behalf of the minor athlete hereby declare the following:
 - The minor athlete is fully and personally responsible for his/her own safety and actions while and during his/her participation in the IBA events, and I recognize that he/she 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 the 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 the minor athlete 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.

Signature: Date (DD/MM/YYYY):

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 Youth Men's and Women's World Boxing Championship, La Nucia, Spain 2022**, 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 AIBA (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.

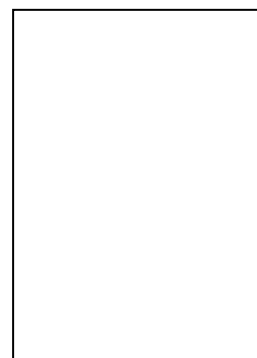
Signature of the Boxer: _____



REGISTRATION FORM

TO THE IBA YOUTH MEN'S AND WOMEN'S WORLD BOXING CHAMPIONSHIP, LA NUCIA, SPAIN 2022

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 Youth Men's and Women's World Boxing Championship, La Nucia, Spain 2022 (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 Spanish Boxing Federation (SBF), 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 SBF.

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 SBF 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) IBA Youth Men's and Women's World Boxing Championship, La Nucia, Spain 2022, 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: