

PSC-ABAP 2017 WOMEN'S MARTIAL ART BOXING TOURNAMENT GUIDELINES

I. TITLE: 2017 WOMEN'S MARTIAL ART (BOXING EVENT)

II. EVENT PERIOD: July 25-28, 2017

III. VENUE: Harrison Plaza, Malate Manila

IV. DAILY COMPETITION AND MEETING SCHEDULE:

DATE	TIME	PHASE
DAY 1 -	Arrival of Team Delegations Accreditation and Screening of Boxers	
DAY 2-	07:00 - 09:00	General Weigh-In
	11:00 - 12:00	Official Draw - MUST be attended by Coaches and Team Managers
	15:00 -	Box-Off
DAY 3-	07:00 - 08:00	Daily Medical Examination and Weigh-In
	13:00 - 14:00	R & J Meeting
	14:00 -	Box-Off
DAY 4 -	Departures	

V. REGULATIONS ON TEAM DELEGATIONS

A. Boxers:

- Open to all amateur boxers ages 17-18 and 19-24 years old based on their birth year.
- Each LGU may field only one team for the Boxing Competitions. No athlete shall be accepted without accreditation from a particular LGU
- Each team must submit the attached official entry form to the Philippine Sports Commission before the deadline.
- Each team may field only one entry per weight category.
- **A boxer who fails to make the weight in his weight category may be allowed to participate in a lower or higher Weight Category, as long as there is no other Boxer from the same team who had already passed the official Weigh-in in that weight category.**
- All entries must be finalized before the General Weigh-in, in accordance with the AIBA Technical Rules and AOB Competition Rules.

B. Number of Team Officials:

- Each Team Delegation may have the following number of officials:

1 - 5 Boxers: up to 2 coaches
6 -10 Boxers: up to 4 coaches

- Each Team Delegation may be accompanied by one (1) Team Manager, One (1) Team Doctor and one (1) Physiotherapist

VI. TOURNAMENT FORMAT: KNOCKOUT SYSTEM

VII. TOURNAMENT RULES: AIBA OPEN BOXING (AOB)

VIII. SCORING SYSTEM: AIBA 10 Point Must-Scoring System

IX. ELIGIBILITY OF BOXERS AND WEIGHT CATEGORIES:

A. YOUTH GIRLS DIVISION

AGE CLASSIFICATION	Girls between the ages of 17 and 18 years will be eligible to compete (born between January 1, 1999 and December 31, 2000)
---------------------------	--

B. ELITE WOMEN DIVISION

Age Classification	Women Boxers between ages 19 to 24 years will be eligible to compete (born between January 1, 1993 and December 31, 1998)
---------------------------	---

c. YOUTH GIRLS AND ELITE WOMEN

WEIGHT CLASSIFICATION	5 Weight Categories 45- 48kg, 51kg, 54kg, 57kg, 60kg
------------------------------	---

x. DURATION AND NUMBER OF ROUNDS:

DIVISION	ROUNDS	MINUTES per ROUND	INTERVAL
YOUTH GIRLS AND ELITE WOMEN	3 rounds	3 minutes	

XI. SPECIFIC REQUIREMENTS:

A. Uniforms:

1. Boxers shall bring two (2) sets of uniforms: **full red and blue sets (not mixed with any other color).**

2. Boxers shall wear the same color uniform as their respective corner assignments (red or blue corner). Compliance of this rule shall be the responsibility of the boxer's coaches.
3. The belt line of boxers' shorts must be clearly indicated by a contrasting color and by using a 6-10 cm wide elastic waistband
4. The length of the shorts shall not be shorter than mid-thigh, cannot cover the knee and must not be worn above the belt line. The belt line is an imaginary line from the navel to the top of the hips and must not cover the navel.
5. Boxers shall box in light boots or shoes (no spikes or heels), socks (not higher than knee length).
6. Coaches/seconds shall wear sports outfits. No slippers, sandals and other casual attire will be allowed.
7. **Medalists shall be allowed to wear only their team uniforms during the awarding ceremony. Slippers and sandals will not be allowed.**

B. All Boxers MUST bring the following items to the General Weigh-In:

1. An up-to-date Record/Medical Book (**Red Book**), properly filled-up with correct information and a 2x2 I.D. photo attached inside the page cover of the red book.
2. Waiver of Liability
3. Parental Consent
4. Medical Certificate (APPENDIX A and B) issued by a Medical Doctor
5. Accreditation Card from PSC

C. FEMALE BOXERS

All female boxers must present a Declaration of Non-pregnancy (APPENDIX C) duly signed by their parents or legal guardian. This form must be submitted to ABAP before the General Weigh-in.

BOXERS WHO DO NOT COMPLY WITH THE REQUIREMENTS WILL NOT BE ALLOWED TO PARTICIPATE.

XI. BOXING EQUIPMENT

A. Gloves and Bandages

- The Philippine Sports Commission (PSC) will provide the approved boxing gloves and bandages to all boxers for all bouts and these will be distributed by the Equipment Manager. Boxers are not allowed to wear their personal gloves and headguards.
- 10 oz Gloves will be used
- Hand bandages will be provided by PSC. Only one pair of hand bandages will be given per boxer for the entire duration of the tournament.

- B. Headguards:** PSC will provide the licensed boxing headguards to all Boxers for all bouts.
- C. Cup and breast protectors** will also be available at the Equipment Manager's table if needed.
- D. Boxers should bring their own gumshields.** No red or partially red colored gumshields may be worn.
- E. Hairnet or swimming cap is mandatory for long haired female boxers. No hairnet, no boxing.**

Boxing gloves, caps and breast protectors and headguards are compulsory official items and are property of PSC, therefore, all equipment must be returned to the Equipment Manager after use.

XII. REFEREE/JUDGE MANDATORY REQUIREMENTS:

Only Invited and accredited ABAP referees and judges in GOOD STANDING shall officiate in the tournament.

XIII. AWARDS: PSC will provide the following awards and prizes.

1. Medals: A gold medal will be awarded to the winner in each Weight Category, a silver medal for the runner-up.
Bronze medals will be awarded to the 2 semi-finalists.
2. Certificate of Appearance for all Boxers and Coaches
3. Certificate of Appreciation/Recognition for the Technical Officials
4. Other Awards

XIV. REGISTRATION and DEADLINE

Organizer should received entries before July 15, 2017, all entries are to be send to the pres.secgen_abap@yahoo.com.

XV. CONTACTS:

For any additional information about the 2017 Batang Pinoy - Boxing Event, please contact the **Philippine Sports Commission** or the **Association of Boxing Alliances in the Philippines (ABAP)** at Telephone nos: 02- 5223437 or 02-5262227 or email at pres.secgen_abap@yahoo.com.

(APPENDIX A)

ABAP Medical Certificate

Athlete

NAME: _____

DATE OF BIRTH: _____

SIGNATURE: _____ DATE: _____

Medical Doctor

NAME: _____

TITLE/POSITION: _____

ADDRESS: _____

SIGNATURE: _____ DATE: _____

COMMENTS: _____

Fit to Box

Not Fit to Box

ABAP Medical Certificate

QUESTIONS FOR ATHLETE: IF YES, EXPLAIN

1. Is a doctor currently treating you for any medical condition?

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 experienced any headache in the last 2 weeks?

5. Do you have any problem with bleeding?

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

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

8. Have you undergone any surgery?

9. Have you ever had to be admitted in a hospital?

10. Do you have any medical condition?

MEDICAL				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	Normal	Abnormal	
General Medical Exam	List abnormalities not covered in specific system exams below:			
Mental Status/ Psychologica	Bnef survey	Normal	Abnormal	
Head	Cranial nerves, eyes, pupil size and reactivity. Fundi. Vision by chart	Normal	Abnormal	
	Mouth ,teeth, throat	Normal	Abnormal	
	Ears	Normal	Abnormal	
	Temporomandbular joint	Normal	Abnormal	
Neck	Cervical spine, lymph nodes	Normal	Abnormal	
Chest	Breath sounds, rib tenderness on	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	
Allergtes	(record)	Yes	No	
	Type of reaction (record)			
Medications used	Name and dosage (record)	Yes	No	

Any TUE Submitted?

NO

YES (if YES, please explain)

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 suffers 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 **ABAP** (including its officials and employees), the organizers of the competition (including the Organizing Committee and the Host Federation) and the Competition Venue owners for such injury or damage.

Signature of the Boxer

(APPENDIX D)

ABAP ENTRY FORM

A. YOUTH GIRLS DIVISION (17-18 YEARS OLD)

Cut-off Date: January 1, 1999 - December 31, 2000

WEIGHT CATEGORY	Kgs	NAME	DATE OF BIRTH
1. Light Fly	45-48	_____	_____
2. Fly	51	_____	_____
3. Bantam	54	_____	_____
4. Feather	57	_____	_____
5. Light	60	_____	_____

B. ELITE WOMEN DIVISION (19-24 YEARS OLD)

Cut-off Date: January 1, 1993 - December 31, 1998

WEIGHT CATEGORY	Kgs	NAME	DATE OF BIRTH
6. Light Fly	45-48	_____	_____
7. Fly	51	_____	_____
8. Bantam	54	_____	_____
9. Feather	57	_____	_____
10. Light	60	_____	_____

Head Coach Signature over printed Name

Contact No.:

Address: