

Coaches Handbook



NOVICE
TOURNAMENT
AUG 23-25, 2024 - LONDON, ON

BOXING ONTARIO **BOOMERZ BOXING CLUB** **JUDA PROMOTIONS** **Tourism London ONTARIO**

CANADIAN SECURITY SOLUTIONS **SIHH DEVELOPMENTS** **HARDIE A SHERIDAN COMPANY** **Dr. Faisal Rehman "KING"** **NOTHERS THE AWARD STORE** **RAMADA BY WYNDHAM** **STREAMING INC.** **PROVINCIAL GLASS & MIRROR LTD.** **VINYL DESTINATION Design • Print • Install**

BOXINGONTARIO.COM THIS IS A BOXING EVENT SANCTIONED BY BOXING ONTARIO.
THIS CONTEST IS SANCTIONED BY AN ORGANIZATION OFFICIALLY RECOGNIZED BY THE PROVINCE OF ONTARIO.

Dear Boxing Ontario Clubs and Coaches,

We thank you once again for your availability and your dedication to commit in this very important event with over entries from across provinces.

Please be sure to take your time to read through the information supplied, as you find in this Handbook all the necessary information regarding the competition and the related logistics.

We would like to wish all competitors good luck in the tournament.

HANDBOOK CONTENTS:

- Tournament Agreement
- Key Contacts
- Venues – Hotel, Weigh-in and Competition
- Weigh-in Procedure
- Important Notes
- Tournament Schedule
- Scoring Criteria
- Pre-Bout Medical – Male and Female
- Temporary Book Replacement Form

TOURNAMENT AGREEMENT: Any boxer, coach or official participating in the tournament acknowledges that they are registered with Boxing Ontario for 2024. You will be required to show proof of registration at any time throughout the course of the tournament via boxer/official passports and coaches' cards.

It's recommended that you keep your registration number on your person at all times.

Every Boxer must disclose all prior bout experience, including bouts or matches in other combative sports; failure to do so will result in sanctions against the boxer, the boxer's current club and/or the boxer's coach.

By registering for this event, the boxer and Coach(s) hereby acknowledge and confirm that the registered or registering boxer is not registered or registering with another Province or other Federation and is not qualifying or intending to qualify with another Federation. Failure to provide full disclosure may be cause for disciplinary action which may affect the boxer's ability to qualify in Canada and or another Federation.

KEY CONTACTS:

Please find below your main contacts on site:

Function	Name	Email
Tournament Technical Delegate	Mr. Paul DeMelo (647) 628-6414	pdemelo@boxingontario.com
Chief Official	Mr. Paul DeMelo	pdemelo@boxingontario.com
Weigh-In Responsibility	Ms. Kathy Williams	kwilliams@boxingontario.com
Coaches Meeting Coordinator	Mr. Tommy Amaral	tamaral@boxingontario.com
Marketing	Ms. Becca Freeman	pr@boxingontario.com
Boxing Ontario Office	Ms. Naiomi Braithwaite	info@boxingontario.com

If you have any question before your departure, do not hesitate to contact Boxing Ontario Office at info@boxingontario.com or the Provincial Official Paul DeMelo at pdemelo@boxingontario.com

VENUES:

ACCOMODATION HOTEL:

Ramada by Wyndham London
817 Exeter Rd, London, ON, N6E 1W1
(519) 681-4900

Distance to the venue: Approximately 20 min by car

WEIGH-IN LOCATION: SAME AS COMPETITION VENUE

BMO CENTRE LONDON
295 Rectory St., London, ON N5Z 0A3

WEIGH-IN PROCEDURE

Due to the large number of boxers, it is imperative that everyone follow these weigh-in procedures, so we have an efficient experience.

Please make sure boxers have the following before arriving:

- **PHOTO ID**
- Pre-bout medical – signed by coach (form included in handbook)
 - Please print and have a supply on hand
- Boxing Passport Book
 - If do not have, please try and find a replacement book in club
 - If can't find replacement book then have a completed Temporary Book Replacement Form (form included in handbook)
- Shorts & tank top – for weigh-ins

Upon arrival – Boxers will:

- Attend Boxer Verification Desk
- **Confirm SESSION, RING & CORNER (bout lists will be available to check)**
- Boxers & coaches will receive their wristbands for the weekend
- Boxers will receive their wristband for their upcoming session then enter the Field
- **Coaches will not be allowed to enter the Field**

Please make sure boxer sticks to their own ring and own session – following steps:

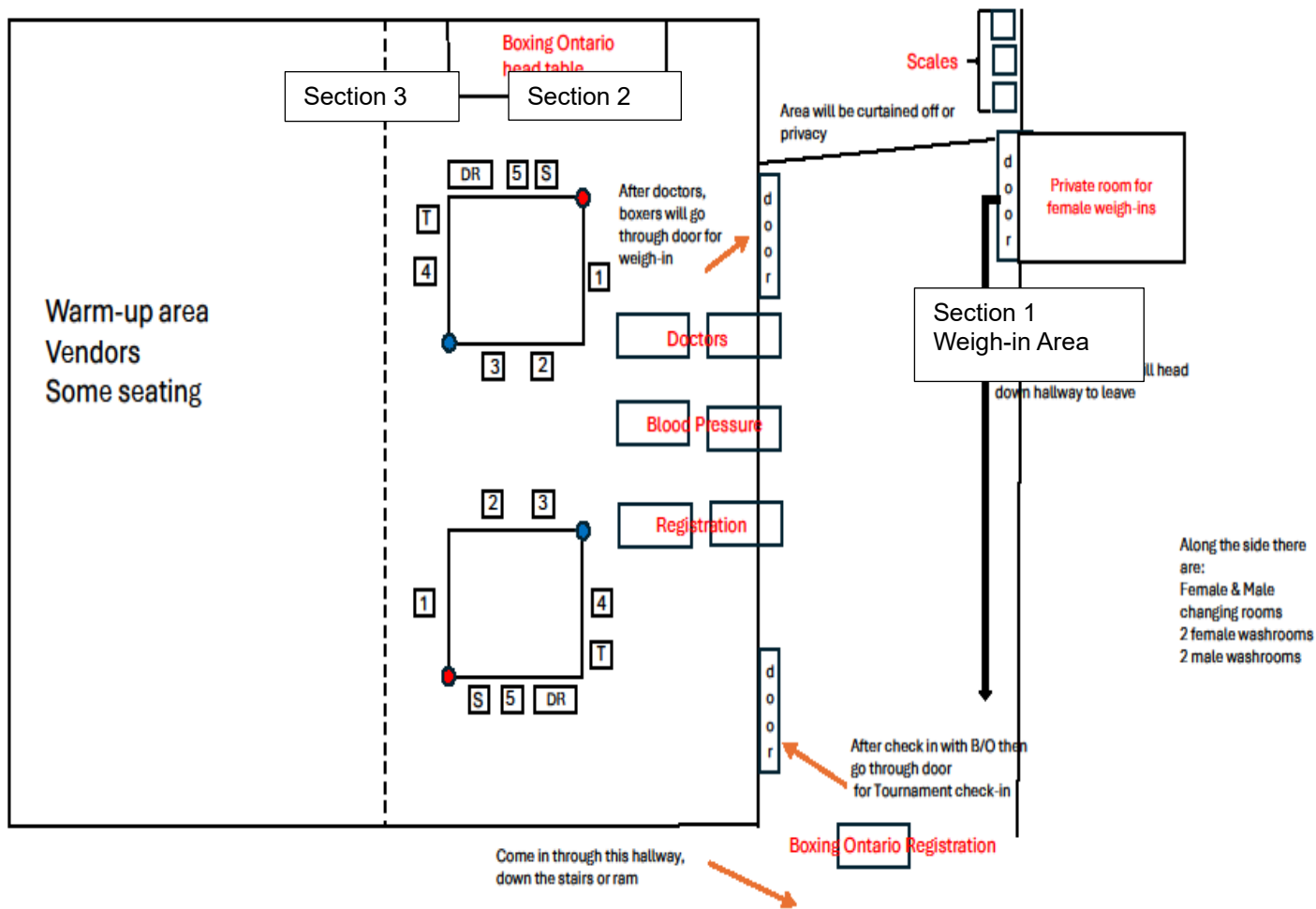
1. Proceed to the registration desk – based on ring & split into Session 1 & 2
2. Blood pressure monitoring desk – based on ring & split into Session 1 & 2
3. Doctor – first available
4. Exit Field area to the scales
5. Scale – first available

If there are any questions, there will be volunteers who can get a senior official to assist.

TOURNAMENT DATE AND TIMES:

Second session times on Friday & Saturday are subject to change based on the number of bouts after the draw. Information will be communicated before the tournament.

- Session 1 – Friday, August 23, 2024 – 6:00 pm
- Session 2 – Saturday, August 24, 2024 – 1:00 pm
- Session 3 – Saturday, August 24, 2024 – 6:00 pm
- Session 4 – Sunday, August 25, 2024 – 12:00pm



IMPORTANT NOTES:

- **Boxers can take off their wristband, but they must keep it to get a replacement band.** If they do not keep their band, they will have to pay to get a new one.
- Coaches must keep wristband on the entire tournament, if they lose it, cost will be \$20 for a new one.
- NO NUTS (due to allergies we ask that you pack nut free food and snacks)
- Please eat all meals in designated areas.
- Due to the number of bouts and sometimes circumstances beyond our control, it is important you are prepared to either proceed earlier or later than thought.

COMPETITION SESSIONS

Field – split into 2 sections

- Section 1 – Weigh-in area & Ring area
- Section 2 – Blue/Red Warm-up area

Upon arrival:

- **ONLY coaches & boxers for that session** (with proper wristband) will be allowed into the Field
- Boxers will change and get ready
- **2 bouts prior to their bout:**
 - **Walk toward Section 1 (where the rings are) to the glove table**
 - **get gloved up**

FIELD OF PLAY

- Licensed, registered coaches only
- No electronic devices, no recording
- 10 second tap does not mean stand-up
- No boisterous behaviour by coach or boxer
- Respect officials whether or not you agree with decision
- Boxers **MUST** shake hands before and after bout

COACHES:

- Athletic attire, track suit, short or long pants, t-shirt, athletic shoes
- No jeans, no sandals, no offensive logos, no sunglasses
- **MUST** have white Towel
- **CLEAR** Water Bottle – none will be supplied

BOXERS:

- Red or Blue singlet
- Athletic shorts matching, or neutral colour
- Visible belt line
- Headgear must be IBA or USA Approved (Hair MUST be tucked into headgear)
- Wraps not gauze, one strand of wrap between fingers. NO tape on wraps
- NO TAPE on singlets, gloves or shorts
- No excessive Vaseline and only brow and nose
- Boxing or Running Shoes
- Red mouth guards are allowed under new World Boxing rules

TOURNAMENT SCHEDULE:

Friday, August 23, 2024 – EVENT DAY 1		
Date and Event	Time	Location
Weigh-ins	2:00 pm – 3:00 pm (Test scale will be available)	Competition Venue. Closes at 3pm, no late comers.
Session 1	6:00 pm	Competition Venue

Saturday, August 24, 2024 – EVENT DAY 2		
Date and Event	Time	Location
Weigh-ins	8:00 am – 9:00 am (Test scale will be available)	Competition Venue. Closes at 9am, no late comers.
Session 2	1:00 pm	Competition Venue
BREAK	4:00pm – 6:30 pm	
Session 3	6:00 pm	Competition Venue

Sunday, August 25, 2024 – EVENT DAY 3

Date and Event	Time	Location
Weigh-ins	8:00 am – 9:00 am (Test scale will be available)	Competition Venue. Closes at 9am, no late comers.
Session 4	12:00pm	Competition Venue

MAKEUP BOUTS:

- Will try to establish them from the remaining unmatched tournament bouts, only for boxers that registered on time.
- Contact opponent coach for makeup
- Email info@boxingontario.com for request for makeup bout including class of boxers, experience, weights, club name and all coaches involved in the match
- Match will be reviewed and confirmed or declined within 24 hours

SCORING CRITERIA:

1. Number of quality blows on target area
Blows must meet the legal blow criteria
2. Domination of the bout by technique and tactical superiority
Combination of attack and defense, effective aggressor, sets temp
3. Competitiveness
Shows strong desire to compete and win, who wants it more

REFER TO ATTACHED



CANADIAN AMATEUR BOXING ASSOCIATION



Pre-bout Medical Questionnaire for Male Boxers

Date: _____

Site: _____

Questions for Boxer:

Name: _____

(Please Print)

Have you had any of the following symptoms lately?

- | | | |
|--|---------|--------|
| 1. Headaches | Yes [] | No [] |
| 2. Dizziness | Yes [] | No [] |
| 3. Nausea or vomiting | Yes [] | No [] |
| 4. Double or blurred vision | Yes [] | No [] |
| 5. Have you taken any medication within the last 90 days | Yes [] | No [] |
- If yes what kind _____

- | | | |
|---|---------|--------|
| 6. Do you have any body piercing | Yes [] | No [] |
| 7. In the last 12 months, have you had close contact with any person who has Hepatitis or HIV | Yes [] | No [] |

If you think you may be infected with Hepatitis or HIV you should not box

IN THE LAST 30 DAYS

- | | | |
|---|---------|--------|
| 8. Have you participated in any contact sport (including boxing)? | Yes [] | No [] |
| 9. Did you sustain any injury? | Yes [] | No [] |
| If Yes what type of injury _____ | | |
| 10. Did you receive any suspension or removal from play? | Yes [] | No [] |
| 11. Have you sustained a concussion in the last 60 days? | Yes [] | No [] |

If you do not understand any questions please inform the Medical Doctor

Boxer Signature: _____

Questions for Coaches:

Name: _____

(Please Print)

Have you noticed any decrease in function or negative change in your boxer regarding the following?

- | | | |
|--------------------------------|---------|--------|
| 1. Attention or concentration: | Yes [] | No [] |
| 2. Memory | Yes [] | No [] |
| 3. Speech | Yes [] | No [] |
| 4. Behavior | Yes [] | No [] |
| 5. Sparring (quickness) | Yes [] | No [] |

In the past 30 days has your boxer sustained injury or removal
 From play in any contact sport including boxing

Yes []	No []
---------	--------

Coach Signature: _____

Medical Doctor – Name: _____ License # _____

(Please Print)

Medical Doctor - Signature: _____



CANADIAN AMATEUR BOXING ASSOCIATION



Pre-bout Medical Questionnaire for Female Boxers

Date: _____

Site: _____

Questions for Boxer:

Name: _____

(Please Print)

Have you had any of the following symptoms lately?

- 1. Headaches Yes [] No []
- 2. Dizziness Yes [] No []
- 3. Nausea or vomiting Yes [] No []
- 4. Double or blurred vision Yes [] No []
- 5. Have you taken any medication within the last 90 days Yes [] No []
If yes what kind _____
- 6. Are you pregnant Yes [] No []
- 7. When was your last menstruation? Date: _____
- 8. Did you do a pregnancy test Yes [] Negative [] Positive [] No []

If you even think you might be pregnant you should not box

- 9. Have you noted any menstrual abnormality recently such as an absent menses, abnormal vaginal bleeding with or without pelvic pain / tenderness not consistent with your normal menstrual cycle & patterns? Yes [] No []
- 10. Have you noted any breast masses, bleeding or other breast dysfunction Yes [] No []
- 11. Have you had breast augmentation implants or tissue transfer Yes [] No []
- 12. Do you have any body piercing Yes [] No []
- 13. In the last 12 months, have you had close contact with any person who has Hepatitis or HIV Yes [] No []

If you think you may be infected with Hepatitis or HIV you should not box

IN THE LAST 30 DAYS

- 14. Have you participated in any contact sport (including boxing)? Yes [] No []
- 15. Did you sustain any injury? I Yes [] No []
If Yes what type of injury _____
- 16. Did you receive any suspension or removal from play? Yes [] No []
- 17. Have you sustained a concussion in the last 60 days? Yes [] No []

If you do not understand any questions please inform the Medical Doctor

Boxer Signature: _____

Questions for Coaches:

Name: _____

(Please Print)

Have you noticed any decrease in function or negative change in your boxer regarding the following?

- 6. Attention or concentration: Yes [] No []
 - 7. Memory Yes [] No []
 - 8. Speech Yes [] No []
 - 9. Behavior Yes [] No []
 - 10. Sparring (quickness) Yes [] No []
- In the past 30 days has your boxer sustained injury or removal from play in any contact sport including boxing Yes [] No []

Coach Signature: _____

Medical Doctor – Name: _____ License # _____

(Please Print)

Medical Doctor - Signature: _____

CHECK-IN

Event Name: _____

Date: _____

Boxer Name: _____ Boxer D.O.B. _____

Club: _____

Photo ID Verified: YES NO

Registered: YES NO

Valid Annual Medical: YES NO

Boxer BOUT Declaration: Number of Bouts to date: _____

Boxer RSC/TKO Declaration: NONE YES Date of Most Recent RSC/TKO: _____

PRESIDING OFFICIALS' CONFIRMATION (sign) _____

MEDICAL

Blood Pressure: _____ Heart Rate (bpm): _____

Pupils Head/Neck Chest Hands Abdomen Other _____

PRESIDING DOCTOR'S CONFIRMATION (sign) _____

WEIGHT

Weight Category: _____

Official Weight: _____ Meets Match Criteria: YES NO

Comments if any: _____

PRESIDING OFFICIALS' CONFIRMATION (sign) _____

BOUT RESULTS

Opponent Name: _____

Subject Boxer Results: WIN by: WOP RSC RSCI Other: _____

LOSS by: LOP RSC RSCI Other: _____

Comments if any: _____

SUPERVISOR CONFIRMATION (sign) _____

POST BOUT MEDICAL

Boxer Passed Post Bout Medical: YES NO SUSPENSION (EXPLAIN) _____

Doctor's Comments (if any): _____

PRESIDING DOCTOR'S CONFIRMATION (sign) _____

SCORING CRITERIA

Points are awarded in each round, based on a '10-Must-System':

The Winner of each round is awarded 10 points; the loser is awarded between 6 to 9 points, as follows:

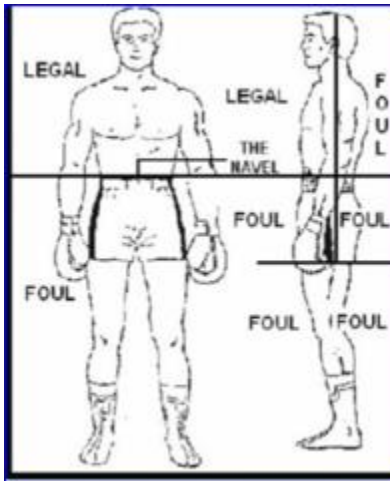
- 10 – 9 is considered a Close Round (can be 'close' 9 or 'clear' 9)
- 10 – 8 is considered a Clear Winner (Essentially not competitive, one-sided)
- 10 – 7 is considered Total Dominance (seldom if ever used)

3 to 5 Judges independently score a bout, based on the following criteria (sequentially – see below):

- The volume of quality blows on the target, or scoring area (see below)
- Domination of the bout by Technique and Tactics
- Competitiveness of the Boxer

Scoring consideration is given to blows that:

1. Do not infringe the rules
2. Land in the legal scoring area (see diagram)
3. Land with the knuckle surface of the hand
4. Have the weight of the body or shoulder behind them (effective)
5. Are seen by the judge as clearly connecting
6. No extra points are given for a knock-down



SCORING CRITERIA

Scoring Criteria is Progressive. Move from Top set of Criteria, to the Next, as Necessary

