

Coaches' Handbook

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OLYMPIC STYLE BOXING TOURNAMENT

BRAMPTON CUP

JANUARY 30 - FEBRUARY 2
2025



6 SESSIONS, 4 RINGS, 700 BOXERS | MALE & FEMALE, OPEN & NOVICE

SAVE MAX SPORTS CENTRE
1495 SANDALWOOD PKWY E

BRAMPTON [City of Brampton logo] [Ontario logo] [Boxing Ontario logo] [Boxer logo] [Save Max Sports Centre logo] [Community logo] [Home logo]

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 2025. 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
Bramalea Boxing Club	Kathy Sjourweman	kathy.bramaleaboxingclub@gmail.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:

**WEIGH-IN LOCATION: SAME CENTRE AS COMPETITION VENUE
(Competition is Field A)**

Weigh-Ins - FIELD B

Save Max Sports Centre

1495 Sandeewood Parkway East, Brampton ON

Please adhere to weigh-in times. If the time says 8 to 9, then the line closes at 9

TEST SCALE:

Opens at 7am, Field B, in a Designated Change Room

Save Max Sports Centre

1495 Sandeewood Parkway East, Brampton ON

SPECIAL NOTICES:

- **NO FOOD AND NO DRINKS OTHER THAN WATER ON THE FIELDS**
- **NO GUM ALLOWED ON FIELDS**
- **COACHES MUST BRING THEIR OWN SPIT BUCKETS (FACILITY DOES NOT PROVIDE)**
- **ALLOWED HEADGEAR MUST BE APPROVED BY IBA, AIBA OR USA BOXING (LOOK FOR STICKER AT BACK)**
- **COACHES MUST ENSURE THAT THEY HAVE AN EXTRA COACH AVAILABLE IN CASE OF OVERLAPPING FIGHTS (FIGHTS WILL NOT BE DELAYED)**
- **BEARDS MUST NOT COVER THE NECK, BELOW THE CHIN IS OK**
- **RED MOUTHGUARDS ARE NOW ALLOWED**
- **IF YOUR BOXERS HAS NOT RECEIVED THEIR BOOK YET, YOU MUST PRINT AND BRING THE TEMPORARY BOOK FORM (LAST PAGE)**
- **PLEASE REMEMBER EVERYONE THERE INCLUDING OFFICIALS ARE VOLUNTEERS AND DESERVE RESPECT. ANY CONCERNS SHOULD BE VOICED TO THE RING SUPERVISOR OR TECHNICAL DELEGATE, NOT THE OFFICIAL. 100% REMOVAL FROM CORNER ENFORCED**

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.

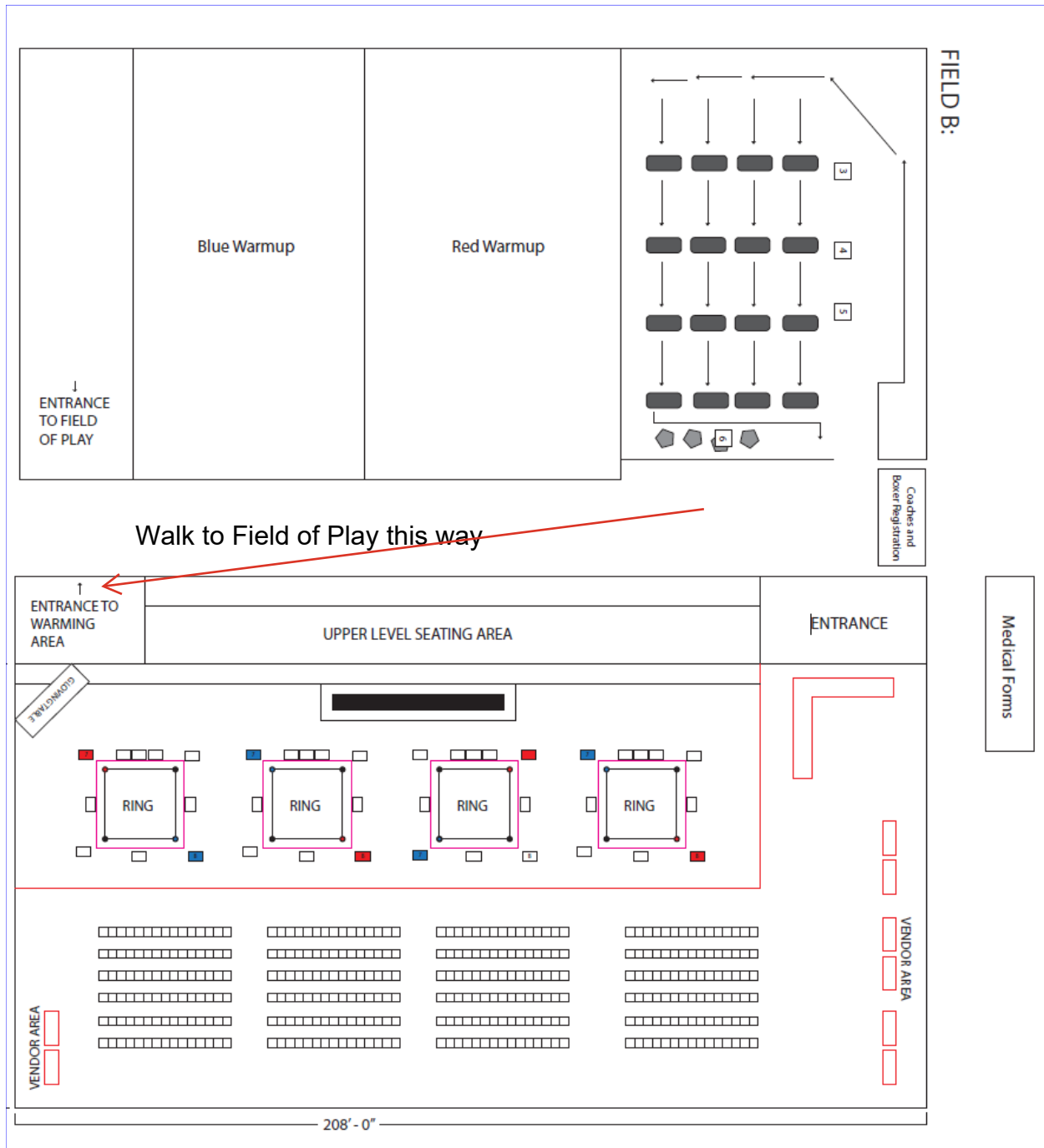
Please adhere to weigh-in times. If the time says 8 to 9, then the line closes at 9

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 – Thurs Jan 30 – 6:00 pm
- Session 2 – Friday Jan 31 – 1:00 pm
- Session 3 – Friday Jan 31 – 6:00 pm
- Session 4 – Saturday Feb 1 – 1:00pm
- Session 5 - Saturday Feb 1 – 6:00pm
- Session 6 – Sunday Feb 2 – 12 Noon

Please Note: To get to Competition, walk past Blue Warm Up Area in the back of Field B toward Field A, towards the Gloving Table.



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 3 sections

- Section 1 – Weigh-in area
- Section 2 and 3 – Blue/Red Warm-up area respectively

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 to Field A (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, AIBA 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:

Thurs Jan 30 – EVENT DAY 1		
Date and Event	Time	Location
Weigh-ins	2:00 pm – 3:00 pm (Test scale will be available)	Competition Venue
Session 1	6:00 pm	Competition Venue

Friday Jan 31 – EVENT DAY 2		
Date and Event	Time	Location
Weigh-ins	8:00 am – 9:00 am (Test scale will be available)	Competition Venue
Session 2	1:00 pm	Competition Venue
BREAK	4:00pm – 5:30 pm	
Session 3	6:00 pm	Competition Venue

Please adhere to weigh-in times. If the time says 8 to 9, then the line closes at 9

Saturday Feb 1 – EVENT DAY 3		
Date and Event	Time	Location
Weigh-ins	8:00 am – 9:00 am (Test scale will be available)	Competition Venue
Session 4	1:00 pm	Competition Venue
BREAK	4:00pm – 5:30 pm	
Session 5	6:00 pm	Competition Venue

Sunday, Feb 2 – EVENT DAY 4		
Date and Event	Time	Location
Weigh-ins	8:00 am – 9:00 am (Test scale will be available)	Competition Venue
Session 6	12:00pm	Competition Venue

Please adhere to weigh-in times. If the time says 8 to 9, then the line closes at 9

MAKEUP BOUTS:

No Make-up Bouts

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:

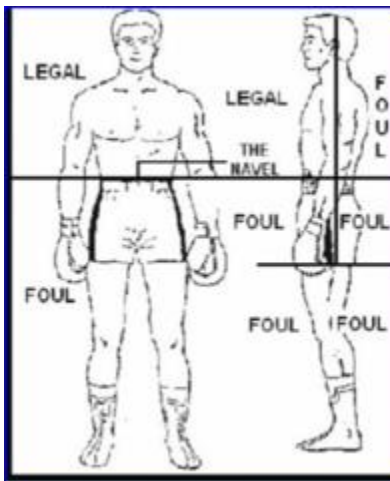
- 10 – 9 is considered a Close Round (can be ‘close’ 0 or ‘clear’ 9)
- 10 – 8 is considered a Clear Winner (essentially not competitive, one-sided)
- 19 – 7 is considered Total Dominance (seldom if ever used)

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 diagram below)
- Domination of the bout by Technique and Tactics
- Competitiveness of the Boxer

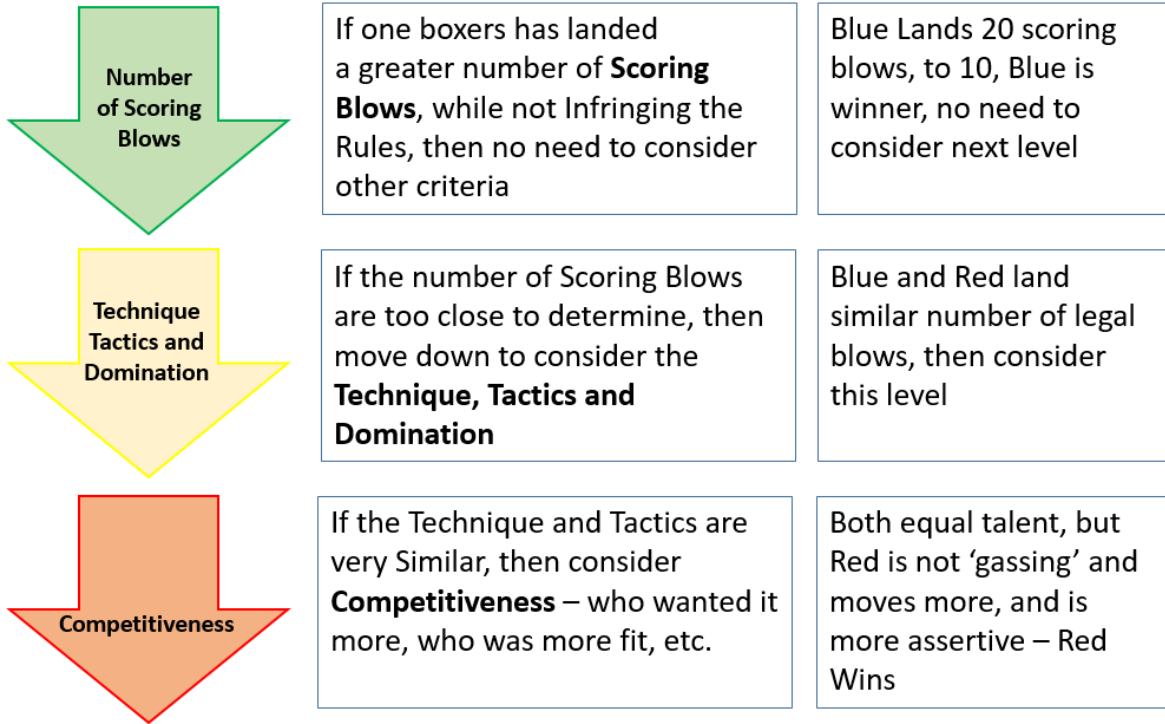
Scoring considerations is given to blows that:

- Do not infringe the rules
- Land in the legal scoring area (see diagram below)
- Land with the knuckle surface of the hand
- Have the weight of the body or should behind them (effective punches)
- Are seen by the judge as clearly connecting
- 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





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 [<input type="checkbox"/>] | No [<input type="checkbox"/>] |
| 2. Dizziness | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |
| 3. Nausea or vomiting | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |
| 4. Double or blurred vision | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |
| 5. Have you taken any medication within the last 90 days | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |
- If yes what kind _____

- | | | |
|---|----------------------------------|---------------------------------|
| 6. Do you have any body piercing | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |
| 7. In the last 12 months, have you had close contact with any person who has Hepatitis or HIV | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |

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 [<input type="checkbox"/>] | No [<input type="checkbox"/>] |
| 9. Did you sustain any injury? | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |
| If Yes what type of injury _____ | | |
| 10. Did you receive any suspension or removal from play? | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |
| 11. Have you sustained a concussion in the last 60 days? | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |

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 [<input type="checkbox"/>] | No [<input type="checkbox"/>] |
| 2. Memory | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |
| 3. Speech | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |
| 4. Behavior | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |
| 5. Sparring (quickness) | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |

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: _____



Boxers Temporary Fight Record

Boxer's Name:			Boxer's Registration Number:			Boxer's Club:			Boxer's Date of Birth:
Bout no.	Weight	Date	Opponent	City	Country	Boxer won in Rd	Boxer Lost in Rd	Decision/ Comments	Signature of Technical delegate/ WSB Supervisor

MEDICAL EXAMINATION PRIOR TO AND AFTER COMPETITION											
Date	Temp	Pulse	Blood Press	Pupils LT/RT	Teeth/ Gumshield	Chest	Hands	Abdo	Signature of Physician	Weight KG	Signature of Official in Charge