



Boxing Scotland Ltd

Season Permit form – Application to stage a Boxing Show/Event

Name of Club requesting permit		Show/Event Organiser (Must be a member of the club above).			
Date of proposed show/event:	(Please provide evidence of the facility booking. A permit cannot be issued without evidence).				
	Start time		Finish time		
	Weigh in		Last Bout		
Venue contact details:					
Venue Name:	Address				
	Postcode				
Number:	Email:				
What additional COVID measures does the venue have in place?					
Is this a Local Authority owned facility? What addition COVID Protocols are in place?	YES <input type="checkbox"/>		NO <input type="checkbox"/>		
Charity Event	YES <input type="checkbox"/>		NO <input type="checkbox"/>		



Please write the policy number for the venue's public liability insurance below		Description of the show/event:	
Your clubs working official/s are:	Name:	Name:	
Name:	Name:	Name:	
Clubs Child Wellbeing Officer (CWPO) MUST BE IN ATTENDANCE AT SHOW/EVENT	Name:	Name:	
Which company will provide security at the event?		Please provide SIA registration numbers:	
How many stewards will be present at the event?		Please provide the name and contact number/s of Doctor/s confirmed booked for the event:	
Has a Health and Safety/risk assessment been carried out by the venue of club?	YES <input type="checkbox"/>	please provide a copy of this document.	
	NO <input type="checkbox"/>	please enclose a copy of the venue's risk register with this application and COVID requirements.	
What size will the ring be on the evening of the show?	Who will provide and build the ring		
	Name:	Number	Email:
In the field of play will there be clearly identifiable barrier between ringside officials and the audience?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Please provide a sketch of the planned layout below if preferred.



Has your club staged a show/event previously in this venue? If yes, please provide a brief summary below:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Will alcohol be sold on the evening?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Please provide a brief description of what changing facilities will be available to boxers and officials:

Boxers:	Officials:
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Please provide a brief description of where medicals and weigh-ins will be conducted:
Are there adequate facilities for Women and Children to conduct weigh-ins?

We hereby confirm that the information provided in this application is as factually correct and up to date as possible.

We understand that this information will be checked by Boxing Scotland to ensure its accuracy.

We understand and accept that the permit may be revoked by Boxing Scotland at any time at their sole discretion and without liability.

It is agreed that we, we as representatives of (name of club), will be solely responsible to the company (Boxing Scotland Ltd) for ensuring the proper conduct of everyone in attendance at the event for its duration.

Signed: Print Name: Position: Date:

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