

**IBA**

WOMENS WORLD BOXING CHAMPIONSHIPS

NIŠ 2025

# TEAM DELEGATIONS' HANDBOOK

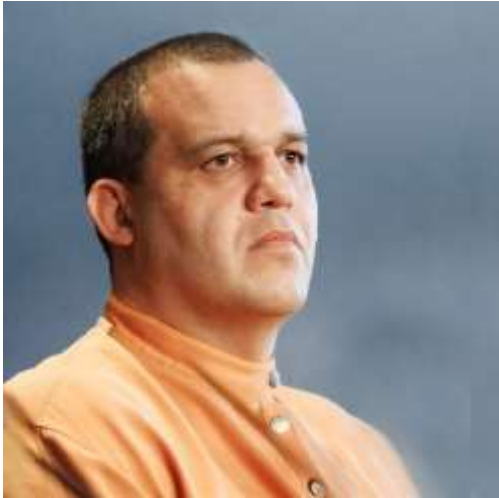
VERSION 3.0



**6-17 MARCH 2025**

**NIŠ, SERBIA**

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**Dear Boxing Family,**

As we eagerly anticipate the commencement of the new edition of the IBA Women's World Boxing Championships, we are diligently preparing to create an unforgettable celebration for all female boxers and their supporters worldwide. This prestigious event represents a crucial opportunity for the athletes to advance their careers significantly. The battle for the top position on the podium will be uncompromised, as the best boxers from over the world come together to dispute the crown.

The IBA Women's World Boxing Championships has witnessed countless stories of triumph and tears of happiness. It serves as a life-changing event for the athletes involved, and their personal narratives demonstrate the impact of IBA in enhancing their lives. It is our mission to give a chance to every boxer to thrive and earn for living, develop professionally and make history for themselves and their nations. Boxing transcends borders; it is a universal sport that fosters unity among people all around the globe, and we are committed to bringing boxing to every corner of the world.

In my capacity as President of IBA, I am dedicated to ensuring that the competitions are run with the utmost professionalism and integrity. We are delighted to work hand in hand with the Serbian Boxing Federation, Local Organizing Committee and Serbian government to deliver an exceptional experience for all participants and attendees at this flagship event. I have the full confidence in our partners from Serbia and deeply appreciate their hard work in preparing for the competition.

I eagerly look forward to witnessing spectacular bouts and the spirit of fair play and friendship. I extend my best wishes to our boxers, and let the strongest win!

Sincerely Yours,

**Umar Kremlev**

President of the International Boxing Association (IBA)

**Dear IBA Boxing Family Members, Dear Athletes  
and Sportspeople,**

It is a great honor to host such an important event as IBA Women's Boxing World Championships in our great city of Nis. We are truly honored to welcome every participant, each one of our guests with warm Serbian hospitality.



Our successful experience with past, World, and European events and championships gives us great confidence to help the world's best women boxers achieve their dreams. We have organized this tournament to the minutest details with a deep focus on providing the best experience for the participants, to enjoy the most important event for the world's women boxing, to keep the competition at the highest level, and to show only the best to the world.

I would like to thank President Umar Kremlev for his unprecedented contribution to organise this event and his great help to make dreams come true in the dream city of Nis. The Serbian Boxing Federation is looking forward to your visit to Serbia to share this unique experience.

Sincerely,

**Nenad Borovcanin**

President of Serbian Boxing Federation



## 1. ORGANISER

The Serbian Boxing Federation, affiliated with IBA, has been entrusted with the organization of the IBA Women's World Boxing Championships, Niš, 2025.

## 2. CONTACTS

SUBJECT	E-MAIL
Registrations for Team Delegations	<a href="mailto:sport@iba.sport">sport@iba.sport</a>
Registrations for Extra Officials	<a href="mailto:sport@iba.sport">sport@iba.sport</a>
Visa & Entry Requirements	wcvisa2025@gmail.com
Competition related	<a href="mailto:sport@iba.sport">sport@iba.sport</a>
Press & Media related	communication@iba.sport
Accommodation	<a href="mailto:accomodationwc@gmail.com">accomodationwc@gmail.com</a>
Transport	accomodationwc@gmail.com

### 3. COMPETITION

#### A. Format

The Championships will be organized based on IBA Technical and Competition Rules in the following twelve (12) Elite Women’s weight categories:

- Twelve 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	-

- Seeding will be applied based on IBA Rankings. Seeding will be done based on the entries received as of the official closure of registrations on **February 20, 2025**.
- The Bout Review Rule will be applied.
- Ten (10) oz gloves will be used in all weight categories.
- Underscoring its commitment to boxer safety as paramount, the IBA carefully considered feedback emphasizing the need for enhanced head protection in women's boxing. This prompted the decision to reintroduce the mandatory use of headguards for all female competitors in this World Championships.
- Professional hand wraps will be used as per IBA Technical and Competition rules.
- The Official Draw will be conducted by Sport Data through an electronic draw.
- Two rings will be used until the semifinals.
- Medals will be distributed to the first 4 boxers of each weight category (1 Gold, 1 Silver, 2 Bronze).
- The Event will be officiated by IBA International Technical Officials and IBA 3-Star certified Referees and Judges, all appointed by IBA.

## B. Prize Money

IBA will award prize money in each weight category (subject to a number of key factors) and as follows:

Medal	Prize Money
Gold	USD 100,000
Silver	USD 50,000
Bronze	USD 25,000
Bronze	USD 25,000
5 <sup>th</sup> Place	USD 10,000

The IBA Women's World Championships in Niš 2025 will offer USD 2.88 million in prize money, distributed across 12 weight categories to gold, silver, and bronze medalists, as well as 5th place finishers.

To be eligible for prize money, an athlete must win at least one bout. Prize money will not be awarded if only one athlete competes in a weight category.

For clarification:

- Medalists winning by walkover (WO) will receive prize money.
- Medalists without a bout or no wins will not receive prize money.

## C. Sport Entries Check

The Sport Entries Check will take place on March 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup>, 2025. Teams will be informed of the exact date and time of their appointment during accreditation after arrival. Please make sure to arrive in Niš, Serbia on or prior to March 6<sup>th</sup>, 2025.

Each team delegation can appoint a maximum of two persons to attend the Sport Entries Check. The IBA recommends that each team send the Team Manager, Team Doctor, and/or 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 weight category, the uniforms, national flag and anthem and to present the official documents listed below to IBA.

Your representative(s) must present:

1. Entry list of the delegation.
2. Passports of each boxer.
3. Record Books of each boxer.
4. Examples of uniforms.
5. Results of Hepatitis B, Hepatitis C and HIV tests, not older than 12 months (boxers).
6. IBA General Participation Form signed by all team members.
7. Fit to Box form
8. IBA Women's World Championships Code of Conduct signed by all team members.
9. IBA Medical certificates issued within the last 3 months for each boxer.
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.

Important: Your representative's presence at the scheduled appointment is required. Failure to attend will result in disqualification of the entire team. **Please bring all required medical documentation (Medical Certificate, HIV, Hepatitis B & C results).**



## 4. EVENT SCHEDULE

EVENT	TIME	PLACE
<b>March 6<sup>th</sup> – Arrivals and Sport Entries Check Day 1</b>		
Arrivals	All day	
Sport Entries Check - Day 1	09:00 - 12:00	Hotel Nais
	13:30 - 18:00	Hotel Nais
<b>March 7<sup>th</sup> – Arrivals and Sport Entries Check Day 2</b>		
Sport Entries Check - Day 2	09:00 - 12:00	Hotel Nais
	13:30 - 18:00	Hotel Nais
<b>March 8<sup>th</sup></b>		
Sport Entries Check – Day 3	09:00 - 12:00	Hotel Nais
Forum on Headguard Policy for Women’s Boxing (Coach participation requested)	14:00 - 15:00	Hotel Nais
Technical Meeting	15:00 - 16:00	Hotel Nais
Official Draw	16:00 - 17:00	Hotel Nais
Opening Ceremony	19:00 - 20:30	Sportski Centar Cair
Welcome Dinner (Officials, Team reps - no athletes)	21:00 - 22:30	TBD
<b>March 9<sup>th</sup> – 16<sup>th</sup> (except March 15<sup>th</sup>)</b>		
Daily Weigh-in	08:00 - 09:00	TBD
<b>March 9<sup>th</sup> – 14<sup>th</sup></b>		
Preliminaries/Semifinals	14:00 Afternoon Session	Sportski Centar Cair
	18:00 Evening Session	
<b>March 15<sup>th</sup> - Rest day</b>		
Photoshoot of Finalists	TBD	TBD
ITA Anti-Doping Workshop (Coaches participation requested)	TBD	TBD
<b>March 16<sup>th</sup></b>		
Ceremonial Weigh-ins	11:00 – 12:00	TBD
Finals	TBD	Sportski Centar Cair

## 5. REGISTRATIONS

### A. Participating Boxers

**AGE ELIGIBILITY:** Boxers born from March 9, 1984 to December 31, 2006. Due to the postponement of the event from 2024 to 2025, exceptionally all boxers not 41 years old or older on the first day of competition (8 March 2025) will be eligible.

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://www.iba-database.org/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 4 Coaches

4 – 7 Boxers: Up to 5 Coaches

8 – 10 Boxers: Up to 6 Coaches

11 – 12 Boxers: Up to 8 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.

## D. Extra Officials

Any individual attending the event, in addition to those outlined in point 5 B, whom the National Federation (NF) would like to send to work with the team, will be registered as an Extra Official.

Extra Officials who do not have a direct role in the team's preparation for the competition will not receive accreditation. Decisions regarding these cases will be made by IBA on a case-by-case basis.

Each National Federation can register up to 6 additional individuals in the following two categories:

- **Extra Officials – NF Representatives:**

- NF President
- NF Secretary General
- NF Executive Board Member
- NF President Accompanying Guest
- NF Administrative Staff

- **Extra Officials – Team Delegation Staff**

- National Coach of a registered boxer
- Additional Physiotherapist
- Additional Doctor
- Nutritionist

All registrations for Extra Officials must be submitted through the IBA database in the dedicated section for the event.

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

## E. Process and deadlines

All registrations for Team Delegations must be made through the IBA database (<https://iba-database.sport/nf>).

Please find the summary below

Registration for:	Done by:	Registration deadline
Boxers	Each National Federation through web registration section on the database	20 February, 2025 (GMT 23:59)
Teams officials	Each National Federation through web registration section on the database	20 February, 2025 (GMT 23:59)
Extra team officials	Each National Federation through web registration section on the database ("extra-officials" section)	20 February, 2025 (GMT 23:59)
Arrival/Departure time of the delegation	Each National Federation through web registration section on the database ("travel details" section) <b>and via email to LOC at <a href="mailto:accomodationwc@gmail.com">accomodationwc@gmail.com</a></b>	20 February, 2025 (GMT 23:59)
Rooming list	Each National Federation through web registration section on the database ("room request" section) <b>and via email to LOC at <a href="mailto:accomodationwc@gmail.com">accomodationwc@gmail.com</a></b>	20 February, 2025 (GMT 23:59)

## 6. VISA & ENTRY REQUIREMENTS

The Organiser will provide assistance regarding Visa if required.

For all information please contact:

- Ms. Tijana Vlahovic - +381658525828
- Mr Uros Jakovljevic - +381656673396

## A. Process

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

- For general information, please take a look at:  
<https://www.mfa.gov.rs/gradjani/ulazak-u-srbiju/vizni-rezim>
- The deadline to request assistance is **January 30<sup>th</sup>, 2025**

Subsequently, you will receive an invitation letter, which is necessary to request the visa. Kindly ensure that visa requests are made on time.

## 7. TRANSPORTATION

### A. International Transportation

All travel information related to the Team Delegation must be entered in the IBA Database during registration and additionally sent to the LOC at [accommodationwc@gmail.com](mailto:accommodationwc@gmail.com).

The airport of arrival and departure is Niš Airport or Belgrade Airport (Nikola Tesla), but everyone should be able to connect their flights through Belgrade to Niš. The deadline to submit arrival and departure information is February 20<sup>th</sup>, 2025.

### B. Local Transportation

Local transportation will be provided by the organizers:

- From/to Niš Airport, Serbia
- To/from the hotel to the competition and training venues
- To/from the hotel for the Technical Meeting and Official Draw
- To/from the hotel for the Opening Ceremony.

## 8. ACCOMMODATION

Please note that:

Members of Team Delegations and Team Delegation Staff who have "Extra Official" accreditation, such as national coaches, additional doctors/physiotherapists, and nutritionists, can stay at the Team Delegation Hotels.

NF Representatives with "Extra Official" accreditation cannot stay at the Team Delegation Hotels.



**Important:** every Team Delegation covering their accommodation costs in cash needs to come to Hotel Nais first before going to their designated hotel to pay for accommodation at our administration department:

- Tijana Vlahovic - +381658525820
- Uros Jakovljevic - +381656673396

## A. Team Delegations' Hotels

### 1. Hotel Nais, Niš

Address: Autoput Nis Beograd BB.

Website: [www.hotelnais.com](http://www.hotelnais.com)



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

## 2. Hotel Crystal Ice, Niš

Address: Dusana Popovica 18, Nis

Website: [www.hotelcrystalnice.com](http://www.hotelcrystalnice.com)



Types	Prices (Full board) / per person
Single Room	110EUR
Double Room	80EUR

### 3. Niš City View Hotel

Address: Zdravke Vuckovic 32, Niš



Types	Prices (Full board) / per person
Single Room	110EUR
Double Room	80EUR

### 4. Hotel Marica

Address: Njegoseva 81A, Niš



Types	Prices (Full board) / per person
Single Room	110EUR
Double Room	80EUR



## B. VIP Hotel

### Ambassador Hotel

Address: Trg Kralja Milana 4, Niš



Types	Prices (Full board) / per person
Single Room	180EUR
Double Room	160EUR

## C. Contact and Payment conditions

All Team Delegations must contact the designated email address for accommodation: [accomodationwc@gmail.com](mailto:accomodationwc@gmail.com)

All Team Delegations must pay their full room charges for the entire Championships Period by February 25, 2025. Payment can be made by bank transfer or in cash upon arrival at Hotel Nais before receiving accreditation.

Additionally, all Team Delegations need to pay a tourist tax of 1.5 euros in cash per day, per person upon arrival.

Please see the bank information below:

<b>FIELD 32: CURRENCY</b>	EUR
<b>FIELD 56a: INTERMEDIARY INSTITUTION</b>	Raiffeisen Bank International AG Austria SWIFT: RZBAATWW
<b>FIELD 57a: ACCOUNT WITH INSTITUTION</b>	Banka Poštanska Štedionica a.d. 11000 BEOGRAD SWIFT: SBPORSBG
<b>FIELD 59: BENEFICIARY CUSTOMER – NAME &amp; ADDRESS</b>	RS35200329627010198858 BOKSERSKI SAVEZ SRBIJE TERAZIJE 45 11103 Beograd 4
<b>DETAILS OF PAYMENTS / CHARGES</b>	



## 9. COMPETITION & TRAINING VENUE

Name: **Sportski Centar Cair**

Address: 9. Brigade, NIŠ

The Training Venue will be situated in a hall at the Competition Venue.



## 10. ACCREDITATIONS

### A. For Team Delegation Members

All Team Delegation members registered for the event through the IBA Database by the deadline will receive their accreditations on-site after the accommodation payment has been approved by the LOC. Accreditations will only be issued upon presentation of a passport and after the accommodation cost has been paid.

The accreditation center will be located at Hotel Nais.

### B. For Extra-Officials

Each National Federation has the possibility to request up to six (6) additional accreditations for its internal needs, by filling out the dedicated section in the IBA Database no later than February 20, 2025.

### C. For Media and Press

#### **International media:**

For accreditation, please fill out the form at the webpage

<https://www.iba.sport/events/nis-2025-media/> (the accreditation process opens on February 1<sup>st</sup>).

For other media related questions, please contact: communication@iba.sport

#### **Local media:**

Contact person for accreditations Teodora Ostojic +381665457000

Email for accreditations: accreditationwbc@gmail.com

## 11. TECHNICAL VIDEO RECORDING

Each National Federation will be allowed to record the bouts 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 are not permitted for public broadcasting, including social media. Access to the two technical video recording areas will require the signature of a disclaimer, which you will find attached at the end of this Handbook. The team manager of each National Federation must bring the signed copy to the Sport Entries Check.

## 12. IMAGE RIGHTS

IBA has appointed several official photographers to promote the image of boxers during the World Championships. By participating in the Championships, each boxer agrees to grant IBA the right to use his or her image rights for promotional purposes, both during the event and in the future.

## 13. ANTI-DOPING CONTROL

Anti-doping controls will be conducted in accordance with the IBA Anti-Doping Rules and the World Anti-Doping Code. We would like to remind you that, according to WADA regulations since 2016, blood testing may be conducted during IBA competitions.

## 14. MEDICAL CARE

The LOC will provide medical care and first aid during the entire Championships Period to any participant who sustains a sports injury incurred during the Championships.

## 15. INSURANCE

All participants are encouraged to obtain their own travel and medical insurance, as the LOC will provide liability insurance only at the Competition Venue for all participants.

## 16. AWARDS

Several awards, including the Best Boxer trophy of the IBA Women's World Boxing Championships Niš 2025, will be presented after the last finals ceremony.

## 17. HOST CITY – NIŠ



Niš is one of the oldest cities in the Balkans, rich in history and cultural heritage. Located in southern Serbia, it serves as an important economic and administrative center. The city is renowned for its historical significance, being the birthplace of several Roman emperors, including Constantine the Great.

Visitors can explore various historical landmarks, such as the Niš Fortress, which dates back to the 18th century, and the Skull Tower, a unique monument that serves as a reminder of the city's turbulent past. Niš also features charming streets filled with cafes and shops, offering a blend of traditional and modern Serbian culture.

With its warm hospitality and vibrant atmosphere, Niš is not only a convenient location for events but also a delightful place for visitors to experience local traditions and cuisine.



## 18. Documents for Sports Entry Check

In the upcoming pages, please find the required documents to be filled out and presented at the Sports 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		
<b>If Athlete had a Concussion in the past year, please certify that:</b>	Medical Examination following rest period after Concussion was normal Athlete Fit To Box	Normal	Abnormal	
<b>General Medical Exam</b>	List abnormalities not covered in specific system exams below:			
<b>Mental Status/ Psychological</b>	Brief survey	Normal	Abnormal	
<b>Head</b>	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	
<b>Neck</b>	Cervical spine, lymph nodes	Normal	Abnormal	
<b>Chest</b>	Breath sounds, rib tenderness on compression	Normal	Abnormal	
<b>Cardio Vascular System</b>	Pulse/blood pressure (record)	Normal	Abnormal	
	Heart examination: sounds, murmurs, heaves, size, rhythm	Normal	Abnormal	
<b>Orthopedic System</b>	Upper limb: shoulder, wrist, hand, fingers	Normal	Abnormal	
	Lower limb: foot, ankle, knee, hip	Normal	Abnormal	
<b>Neurological System</b>	Reflexes	Normal	Abnormal	
	Verbal Responses	Normal	Abnormal	
	Motor responses and balance	Normal	Abnormal	
<b>Allergies</b>	(record)	Yes	No	
	Type of reaction (record)			
<b>Medications used</b>	Name and dosage (record)	Yes	No	

Any TUE Submitted ?

No

Yes (If YES, please explain):

Doctor's Stamp:

## 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 2025 Women's World Championships in Niš, Serbia** 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 I 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.**

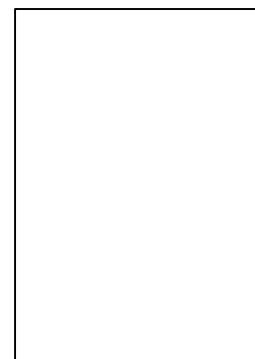
I understand the seriousness of this statement and accept full responsibility for it. In the case that this declaration is subsequently shown to be inaccurate or untrue and I suffer any related injury or damage during the competition, I, on behalf of myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against IBA (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 2025 WOMEN'S WORLD CHAMPIONSHIPS IN NIŠ, SERBIA

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 Women's World Championships in Niš, Serbia (hereafter the "Championships"). The IBA Women's World Championships are hosted by the International Boxing Association (IBA) and organised by the Serbian 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) 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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<b>DOCTOR'S EXAMINATION NOTES</b>	General:
Hands:	Eyes:
ENT (incl gum shield fit etc):	
<b>CONFIRMED FIT TO BOX : YES / NO</b>	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:



## IBA CODE OF CONDUCT

### Code of Conduct

In keeping with our continuous improvement and governance protocols, IBA hereby requests your fullest agreement in your capacity as a Boxing Competition Official, Team Official, Boxing Athlete or Delegate, to the following Code of Conduct, which will apply for the duration of this championship event, directly under the governing authority of IBA.

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### Integrity

- 1.0** I shall ensure that my conduct may not in any manner tarnish the reputation of the sport of boxing or IBA
  - 1.1** I shall in all instances, respect all event regulations set by both IBA and the LOC for this championship event.
  - 1.2** I shall not collude or collaborate with any party by violating any technical or hereby other rules of the sport or the IBA Disciplinary and Ethics Code.
  - 1.3** I shall always conduct myself in a professional manner, respecting the organisation, the appointed Technical Delegate, all officials, and competitors to the event. This includes those supporting the LOC.
  - 1.4** I shall not in any circumstances, directly or indirectly, solicit, accept, or offer any form of remuneration or commission, nor any concealed benefit, service or gift of any nature that could be considered as a bribe or undue influence.
  - 1.5** I shall not bet on any part of the boxing competition, bouts, or anything that would conclude a decision of a contest; nor shall I share inside information at any time and in any circumstance
- 

### Reporting Obligations

- 2.0** I must immediately upon receipt, report any approaches or offers, such as those described under paragraphs 1.4/1.5, directly to the Technical Delegate or to the IBA appointed staff. Direct communication can also be made to the following email address [integrity@iba.sport](mailto:integrity@iba.sport) or by using the dedicated form on IBA official website.

### Harassment

- 3.0** I shall not enter into any form of harassment or abuse, be it physical, professional, or sexual, and cause or instigate any physical or mental injuries outside of the competition. In this respect, I am aware of the IBA Anti- harassment Policy.
  - 3.1** I shall not discriminate against anyone based on race, colour, religion, gender, age, national origin, disability, or sexual orientation.
- 

### Responsibilities of Boxing Competition Officials

- 4.0** Any information deemed confidential I may receive from IBA or may learn in the course of my duties as a Boxing Competition Official, must remain totally confidential and must not be disclosed.
- 4.1** I shall not become intimate or enter into any relationship with officials, boxers and/or coaches and seconds and/or other team delegation members. I shall not behave in any way which shall cast doubt on my impartiality as a Boxing Competition Official.
- 4.2** In the event that I have any type of relationship with officials, boxers and/or coaches and seconds and/or other team delegation members, I must immediately disclose this



relationship(s) to IBA in writing at [integrity@iba.sport](mailto:integrity@iba.sport) I accept in advance that due to this relationship(s); I may not be allowed to further participate within the competition.

- 4.3 I shall fulfil my duties at the highest level. I shall never take biased decisions impacting the course of the outcome of the competition.
  - 4.4 I shall not communicate with anyone about any event related issue within the competition venue and/or any other location of the full duration of the Championships and post event, especially to persons from my own country such as National Federation members, Board members, the media, the public. I shall not comment about any competition related issue on social media during or post event, nor shall I display any photographs during the Championships that may cause any kind of conflict or undue comment.
  - 4.5 I shall be on time for all appointed competition duties assigned to me.
  - 4.6 I shall be available to attend any Boxing Competition officials' meetings on or before the respective competition days.
  - 4.7 I shall fulfil all duties assigned to me by the Technical Delegate with absolute due diligence.
  - 4.8 I shall not use nor carry any electronic communication device, including but not limited to a mobile phone, a laptop, and a tablet computer, inside the competition venue. Exceptionally, the R&J Evaluators and Observers may use laptops to perform their official duties. Ringside Doctors are the exception based on their role requirements.
  - 4.9 I shall always maintain a professional appearance when performing my duties as a Boxing Competition Official.
  - 5.0 I shall not criticise or attempt to explain calls or decisions made by any Boxing Competition Official, including myself, unless requested to do so by the Technical Delegate.
  - 5.1 I shall not be under the influence of alcohol or drugs, which will alter my judgement, while officiating or participating in any IBA competitions, including all related meetings, seminars, refresher training and weigh-in duties.
  - 5.2 I shall not smoke in the competition venue, or any area not designated as such for smoking.
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### Interpretation and Sanctions

- 6.0 I agree to be bound by this Code of Conduct and the IBA Disciplinary and Ethics Code and the IBA Anti-Harassment Policy; I acknowledge that any infringement of this code may be referred to the IBA Ethics Committee and/or AIBA Disciplinary Committee and may lead to disciplinary measures and sanctions taken against me.
  - 6.1 I also understand that at any point during an alleged breach of the Code of Conduct and/or breach of the IBA Code of Ethics / IBA Disciplinary Code during the competition, that my accreditation may be suspended or removed without prejudice whilst an investigation is initiated or ongoing.
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Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Role (Circle one\*): Athlete\*/Team Official\*/Competition Official

NOC code: \_\_\_\_\_  
(Athletes and Team Officials only)

Date: \_\_\_\_\_  
(dd/mm/yyyy)

