



**OLYMPIC
DAY 2013**

2013 HENRY COUNTY OLYMPIC DAY
PRESENTED BY GEORGIA AMATEUR BOXING ASSOCIATION
JUNE 22, 2013
STOCKBRIDGE, GEORGIA

2013 HENRY COUNTY OLYMPIC DAY
FACT SHEET

- Event Location:** **STOCKBRIDGE, GEORGIA**
 J.P. Moseley Recreation Center, Gym A
 1041 Miller’s Mill Road
 Stockbridge, GA 30281
- Event Time:** 11:00 AM – 2:30 PM
- Participant Orientation:** 30 minutes prior to start of shift
Please read and complete each of the attached documents.
Remember to turn in a completed survey & pick up your thank-you gif!
- Attire:** Sneakers, Shirt (Red/Dark Blue), Shorts/Jeans (Any Color)
- Meals:** The Georgia Amateur Boxing Association (GABA) will provide (1) light meal for each registered staff participant. This meal is provided to GABA courtesy of AKEKA By DeSign.
- Event Schedule:**
- | | |
|---------------|--|
| 9:00—10:30 AM | Set-Up |
| 11:00 AM | Opening Ceremony |
| | Torch Relay Run |
| | National Anthem |
| | Featured Athlete Speaker |
| | Mayoral Proclamation |
| 11:30 AM | Boxing Fitness |
| 12:00 PM | Artist Performance |
| 12:30 PM | Olympic Trivia Contest & Diversity Program |
| 1:00 PM | Boxing Fitness |
| 1:30 PM | Track Fitness |
| 2:00 PM | Closing Ceremony |
| | Featured Athlete Speaker |
| | Artist Performance & Diversity Program |
| | Clean-Up (Concessions/Off-stage) |
| 2:30 PM | Clean-Up (All areas) |
- Special Guests:** **Romallis Ellis, Maliek Montgomery, Miranda Allen, DJ NABS, Da Famous Boyzz, Building Understanding (BUDS), Anti-Prejudice Consortium (APC)**
- Event Contacts:** Email: HenryOlympicDay@yahoo.com
 Phone: (404) 913-2482
 Event Coordinators: Kevina Franklin, Angel Franklin, Kevin Franklin



Georgia Amateur Boxing Association
presents

2013 HENRY COUNTY OLYMPIC DAY
INDIVIDUAL STAFF/PARTICIPANT FORM

Please print clearly. Send your completed form to HenryOlympicDay@yahoo.com or call (404) 913-2482.

PARTICIPANT INFORMATION				
FIRST Name:	Nick Name:	Age:		
LAST Name:				
E-mail:				
Date of birth (MM/DD/YYYY): / /	Cell Phone:	Home Phone:		
Current address:				
City:	State:	ZIP Code:		
School/Employer:				
Club/Organization:				
PLEASE SPECIFY AVAILABILITY Circle one below or specify: _____ to _____				
Full Shift (All Day) 10:00am—3:00pm	Morning Shift 10:00am—12:30pm	Afternoon Shift 12:30pm—3:00pm		
Staff Participant Orientation 9:30 a.m. & 12:00 p.m.				
I AM VOLUNTEERING AS... (CHECK ALL THAT APPLY):				
<table style="width:100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Booth Director <input type="checkbox"/> D-Jay <input type="checkbox"/> Doctor <input type="checkbox"/> First-Aid Station <input type="checkbox"/> Fitness Leader/Sport: _____ <input type="checkbox"/> Concessions Team <input type="checkbox"/> Medical License Level: _____ <input type="checkbox"/> Performance Artist <input type="checkbox"/> Photographer </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Promotional Team (Marketing/Promotions) <input type="checkbox"/> Security <input type="checkbox"/> Spoken Word Artist <input type="checkbox"/> Traffic Control <input type="checkbox"/> Usher/Greeter <input type="checkbox"/> Venue Clean-up Crew <input type="checkbox"/> Venue Set-up Crew <input type="checkbox"/> Videographer <input type="checkbox"/> General <input type="checkbox"/> Other (please specify): _____ </td> </tr> </table>			<input type="checkbox"/> Booth Director <input type="checkbox"/> D-Jay <input type="checkbox"/> Doctor <input type="checkbox"/> First-Aid Station <input type="checkbox"/> Fitness Leader/Sport: _____ <input type="checkbox"/> Concessions Team <input type="checkbox"/> Medical License Level: _____ <input type="checkbox"/> Performance Artist <input type="checkbox"/> Photographer	<input type="checkbox"/> Promotional Team (Marketing/Promotions) <input type="checkbox"/> Security <input type="checkbox"/> Spoken Word Artist <input type="checkbox"/> Traffic Control <input type="checkbox"/> Usher/Greeter <input type="checkbox"/> Venue Clean-up Crew <input type="checkbox"/> Venue Set-up Crew <input type="checkbox"/> Videographer <input type="checkbox"/> General <input type="checkbox"/> Other (please specify): _____
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Please state the Good-Faith Value of your Business Service or In-Kind Donation: \$ _____				
Have you volunteered with Olympic Day before? If yes, how?	Y or N			
I would like a (1) MEAL as provided by GABA.	Y or N			
How did you hear about 2013 Henry County Olympic Day?				

Thank you for volunteering with Henry County Olympic Day!
The Georgia Amateur Boxing Association is a 501(c)3 non-profit organization affiliated with USA Boxing, Inc

AGREEMENT, RELEASE AND WAIVER OF LIABILITY

In consideration of being permitted to participate in or assisting others in participating in the Georgia Amateur Boxing Association (GABA)'s 2013 Henry County Olympic Day ("Olympic Day") related events and activities, on behalf of myself, or a minor child or ward, heir, next of kin, personal representative, successor or assign;

(1) I ACKNOWLEDGE, UNDERSTAND AND DECLARE THAT:

- a. To the best of my knowledge, I am in **GOOD PHYSICAL CONDITION** and have no disease or injury that would be aggravated by participating in activities related to Olympic Day;
- b. Participating or assisting others in participating in Olympic Day may involve **RISK OF INJURY TO ME, INCLUDING DEATH, LOSS OR DAMAGE TO ME OR MY PROPERTY**, or other consequences, which might result not only from my own actions, inactions or negligence but also the actions, inactions or negligence of others, the rules of play, or the conditions of the premises or of any equipment used;
- c. There may be **OTHER RISKS** not known or not reasonably foreseeable; and Understanding All of the Above,

(2) I ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE:

- a. the State of Georgia or any of its agencies, the Georgia Amateur Boxing Association, its Commissioners, its employees or volunteers, coaches, trainers, officials affiliated with Olympic Day;
- b. any affiliated subsidiary, successor, organization, or related companies or businesses, other participants, participating or sponsoring municipalities, governmental agencies, international organizations, agencies, sponsors, or advertisers, the respective administrators, officers, directors, agents, representatives, employees, or volunteers of such entities or organizations;
- c. the National Congress of State Olympic Day (NCSG), the United States Olympic Committee (USOC) and/or their respective representatives, officers, directors, employees, agents, successors, and assigns;
- d. owners, lessors and lessees of premises used to conduct Olympic Day **FROM ANY AND ALL LIABILITY FOR INJURY, INCLUDING DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, OR ANY OTHER CONSEQUENCE** in connection with entry in or arising out of participation in, performance in or lack of performance in, including travel en route to and from Olympic Day.

(3) I AGREE THAT:

- a. Prior to participating as a volunteer, I, or in the case of a minor, a parent or guardian, will **INSPECT** the facilities and equipment to be used, and if I believe same to be unsafe, I will immediately **REPORT** such condition(s) to the athletic coach, supervisor or official connected with Olympic Day of same and either **DECLINE TO PARTICIPATE** or **ASSUME THE RISK** of participating;
- b. I will **ALLOW** my **PHOTOGRAPH, PICTURE** or **LIKENESS** and /or **VOICE** to **APPEAR** in any official documentary, promotional (including any and all advertisements), television, radio or film coverage of Olympic Day, **WITHOUT COMPENSATION**.
- c. I will **ALLOW** and hereby **GRANT PERMISSION** to the GABA, USA Boxing and their licensees and assigns a **ROYALTY-FREE, NON-EXCLUSIVE RIGHT** to use all **PHOTOS/VIDEOS** for all **NONCOMMERCIAL** purposes on a worldwide basis in perpetuity (including the right to reproduce, publish, transmit, distribute, perform, disseminate and display such photos/videos) without any restriction whatsoever in association to Olympic Day.
- d. I, or in the case of a minor, a parent or guardian, will make the Event Staff aware of **ANY AND ALL HEALTH CONCERNS** I need to have addressed and that all health information will be kept private in accordance with www.hhs.gov/ocr/privacy/.

(4) I CONSENT TO:

ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with Olympic Day.

I HAVE READ THIS FORM IN ITS ENTIRETY AND HAVE PROVIDED TRUTHFUL INFORMATION.

Name of Participant (Print):

Signature of Participant:

Date:

Name of Parent/Legal Guardian (Print):

Signature of Parent/Legal Guardian:

Date:

USA BOXING ATHLETE/NON-ATHLETE CODE OF CONDUCT



Athlete/Non-Athlete Code of Conduct

Outlined below is the USA Boxing Code of Conduct

I understand that my compliance with the Code is a requirement for my participation in USA Boxing events. I recognize that my participation in this event is an honor. I also recognize that this Code does not establish a complete set of rules that prescribes every aspect of appropriate behavior. Further, I:

1. Will act in a manner consistent with the spirit of fair play and responsible conduct;
2. Will recognize, respect and adhere to the authority of USA Boxing's appointed coaches and team leaders;
3. Will attend and arrive at all team functions a minimum of 5 minutes prior to the scheduled start, to include meetings, practices, press conferences, competitions, etc. unless excused or otherwise instructed by the team leader or USA Boxing's designee;
4. Will adhere to all curfews established by the team leader or USA Boxing's designee;
5. Will maintain an appropriate level of fitness to promote optimal athletic performance;
6. Will make every effort to perform to the best of my abilities;
7. Will refrain from the use of performance-limiting drugs, including, but not limited to, tobacco and alcohol;
8. Will refrain from the use of any personal electronic device while in attendance of training sessions, meetings, and/or study table;
9. Will not commit a doping violation as defined by the International Olympic Committee (IOC), Association International de Boxe Amateur (AIBA), World Anti-Doping Agency (WADA), the United States Anti-Doping Agency (USADA), or the United States Olympic Committee (USOC) rules;
10. Will abide by the policies and rules established by USA Boxing, the USOC and AIBA;
11. Will respect others, including my teammates, coaches, competitors, officials and spectators;
12. Will not engage in, nor tolerate, any form of verbal, physical or sexual abuse;
13. Will respect the property of others;
14. Will refrain from profanity and derogatory language that would reflect negatively on myself and USA Boxing;
15. Will refrain from illegal or inappropriate behavior that would detract from a positive image of myself and USA Boxing;
16. Will refrain from engaging in any behavior that could detract from my ability, or my teammates' ability, to perform optimally;
17. Will refrain from using any electronic devices during practice, team functions, competition, and curfew hours.
18. Will maintain a positive attitude and act in a way that will bring honor to myself, the team, USA Boxing and the United States of America;
19. Will limit socialization with members of the opposite sex to public areas, exceptions being immediate family members, members of the USA delegation and/or other times as approved by the team leader;
20. Will remember that I am an ambassador for USA Boxing, my country and the Olympic movement; and



For Georgia Amateur Boxing Association tax purposes, please complete this Donation Record and send to HenryOlympicDay@yahoo.com or Henry County Olympic Day c/o Kevina Franklin, Event Coordinator at P.O. Box 79148, Atlanta, GA, 30357.

If you are providing a service or in-kind donation, please include a good-faith value of the service or in-kind donation you are providing.

If you are providing a cash donation, please include the total amount pledged and ensure your payment has been made to the order of "Georgia Amateur Boxing Association", memo "Henry County Olympic Day".

Donation Record

GEORGIA AMATEUR BOXING ASSOCIATION

501(c)3 Non-Profit Organization

Questions? Contact the GEORGIA AMATEUR BOXING ASSOCIATION's HENRY COUNTY OLYMPIC DAY Team at 404-913-2482 or HenryOlympicDay@yahoo.com.

Donor name	
Address	
City	
State/Province	
Postal code	
Phone	
Pledged Amount or Service	
Type of donation	
Description	
Value	

Thank you for your generous support of the Georgia Amateur Boxing Association!



2013 HENRY COUNTY OLYMPIC DAY
PRESENTED BY GEORGIA AMATEUR BOXING ASSOCIATION
11AM – 2:30PM SATURDAY, JUNE 22, 2013
1041 MILLER'S MILL ROAD, STOCKBRIDGE, GEORGIA 30281

2013 HENRY COUNTY OLYMPIC DAY AGENDA

10:30 – 10:50 AM	DOORS OPEN TO PUBLIC <i>All-inclusive Participant Group & Venue Photo-op</i> Music Provided by DJ Nabs, Deshone and Sion
10:58 – 11:30 AM	OPENING CEREMONY
10:58 – 11:00 AM	Music Introduction for Opening Ceremony
11:00 – 11:05 AM	...Go! Torch Relay Run & Photo-op
11:05 – 11:10 AM	“Star-Spangled Banner” by “Sax Man” Sion
11:10 – 11:20 AM	Featured Athlete Speaker Romallis Ellis, 1988 Olympic Boxing Bronze Medalist
11:20 – 11:30 AM	Mayoral Proclamation Miranda Allen, Cultural & Leisure Services Manager
11:30	<i>All-inclusive Participant Group & Venue Photo-op</i>
11:35 AM – 12:00 PM	OLYMPIC AWARENESS ZONE
11:35 – 11:50 PM	Diversity Program – Building Understanding (BUDS)
11:50 – 12:00 PM	Olympic Trivia Contest
12:00 – 12:30 PM	ARTIST PERFORMANCE Da Famous Boyzz
12:35 – 12:45 PM	LIGHT REFRESHMENTS Refreshments Provided by AKEKA By DeSign <i>All-inclusive Participant Group & Venue Photo-op</i>
12:40 – 1:25 PM	BOXING FITNESS I & II – NO COMPETITIVE BOXING Boxing Fitness Techniques
1:25 – 1:30 PM	SPOKEN WORD POETRY “HIStory is HER Story: Olympic Dream” by Angel Franklin & Lauren Wiggins; Recited by Lauren Wiggins and Leilani Wiggins
1:30 – 2:00 PM	BOXING FITNESS III (WITH TRACK) – NO COMPETITIVE BOXING Boxing Fitness Techniques & Combined Wind Sprinting Contest
2:00 – 2:30 PM	CLOSING CEREMONY & PHOTO-OP
2:00 – 2:05 PM	Opening Remarks
2:05 – 2:15 PM	Diversity Program – Anti-Prejudice Consortium (APC)
2:15 – 2:25 PM	Featured Athlete Speaker Maliek Montgomery, Olympic Hopeful
2:25 – 2:30 PM	Closing Remarks