



USA Boxing Inc.
Restrictions Affidavit
Please print legibly

LBC Name _____ LBC Number _____ Sanction # _____

Please be advised that _____ is restricted from competing in competitive boxing,
or sparring for _____ days beginning on _____ and ending on _____
30, 90, 180 or 365 Date Date


The restriction is due to a KO (knockout) or RSC-I (referee stops contest-injury) rendered while said boxer was competing against
_____ at the _____ on _____
Opponent's Name Name of Event Date of Event

The restriction is due to OTHER reasons (please state) _____

Comments

Print _____ Signature _____ Date _____
Physician

Print _____ Signature _____ Date _____
Referee

 I, the undersigned, have read and understand the above and reverse side information regarding the restriction period, and agree to fully comply. Under no circumstance can the restriction period be waived, or shortened.

Print _____ Signature _____ Date _____
Boxer

Upon completion of the above restriction period, the boxer must have the medical release form on the reverse side completed by his/her personal physician. He/she must immediately forward a copy to his/her Local Boxing Committee (LBC) president or registration chairperson before returning to competitive boxing or sparring. Failure to do so may result in disciplinary action.

I, the undersigned, as the coach who worked the boxer's corner, will be held responsible for accompanying the boxer to his/her home or suitable accommodation. Upon arrival, I, the coach, will present the Restrictions Affidavit to a responsible adult and then explain its use clearly and thoroughly.

Print _____ Signature _____ Date _____
Boxer's Coach

The Sanction Holder must immediately forward the passbook along with the white and yellow copies of this form to the LBC president or LBC registration chair. The LBC president or registration chair, upon receipt, shall then forward white copy to:

USA Boxing, Inc.
1 Olympic Plaza
Colorado Springs, CO 80909

Date of Forwarding ____/____/____ Registration Chair _____

MEDICAL RELEASE

(To be signed by the boxer's personal physician)

I hereby state that I have fully and completely disclosed and described every part of my medical history of which I have knowledge; further, I have fully and completely disclosed all past and pre-existing injuries, or congenital defects or any and all ailments which would potentially cause me to be unable to perform as an amateur boxer or are susceptible to being aggravated. As to all of the above, of which I have not made full and complete disclosure, I hereby, for myself, my heirs, executors and assigns, waive and release all right to and claim for damages I may or might have.

Signature _____ Date _____

Witness _____

_____, on this day have medically examined
Examining Physician

Boxer's Name Street Address City and State

and find no medical contraindications to his/her return to competitive boxing.

1. EEG yes no
2. MRI or CAT Scan: yes no

Physician's Signature _____ Date _____

Print Physician's Name _____

Address _____

The boxer who receives this Restrictions Affidavit should be observed for the following symptoms during the twenty-four (24) hour period following the decision listed on the front side of this form. If any of the following symptoms occur, please contact a physician immediately.

1. Headache or dizziness lasting over two hours
2. Increasing drowsiness or loss of consciousness following the bout. If this occurs, arouse the boxer every two hours during the night following the bout.
3. Repeated vomiting
4. Blurred vision
5. Mental confusion or irrational behavior
6. Convulsive seizure
7. Inability to move a limb
8. Excessive restlessness
9. Oozing of blood or watery fluid from the ears or nose
10. Inability to control urine or feces

Please forward a copy of the Medical Release to the LBC president or registration chairperson listed below: