



## RESTRICTION NOTIFICATION

LBC: \_\_\_\_\_ Sanction # (if applicable): \_\_\_\_\_

Name of Boxer: \_\_\_\_\_ Member Number: \_\_\_\_\_

Date of Injury or Incident: \_\_\_\_\_

Type of Injury:

\_\_\_\_ Possible Concussion    \_\_\_\_ Laceration (<1 cm)    \_\_\_\_ Laceration ( $\geq$  1 cm)    \_\_\_\_ Fracture/Dislocation  
\_\_\_\_ Controlled Nose Bleed    \_\_\_\_ Uncontrolled Nose Bleed    \_\_\_\_ Other \_\_\_\_\_

Describe what happened: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This restriction is due to a: \_\_\_\_ KO    \_\_\_\_ RSC    \_\_\_\_ RSC/I (injury)    \_\_\_\_ Other (see above)

Loss of consciousness (LOC)    \_\_\_\_ (less than 1 minute)    \_\_\_\_ (greater than 1 minute)    \_\_\_\_ No LOC

**The above-named boxer is restricted from participating in sparring and competitive boxing for a minimum of:**

If "Other" (meaning no KO or RSC): \_\_\_\_\_ (# of days)

First Occurrence of KO/RSC:

\_\_\_\_ 30 days (no LOC)    \_\_\_\_ 90 days (LOC < 1 min)    \_\_\_\_ 180 days (LOC > 1 min)

Second Occurrence of KO/RSC within a 90-day period of initial KO/RSC:

\_\_\_\_ 90 days (no LOC)    \_\_\_\_ 180 days (LOC < 1 min)    \_\_\_\_ 360 days (LOC > 1 min)

Third occurrence of KO/RSC within a 365-day period (no LOC): 12-month suspension; with LOC: 18-month suspension

Restriction period starts \_\_\_\_\_ and ends \_\_\_\_\_

Ringside physician: \_\_\_\_\_  
Print name Signature

Referee or Official in Charge: \_\_\_\_\_  
Print name Signature

**After the restriction period ends, the boxer must have the MEDICAL RELEASE on the reverse side of this form (pink copy) signed by his/her personal physician BEFORE he/she will be allowed to spar or box.** This MEDICAL RELEASE form must be sent to the Registration Chair of the boxer's Local Boxing Committee (LBC), before the boxer can return to sparring or competition. Once the LBC receives the MEDICAL RELEASE, the Athlete Passbook will be returned to the boxer.

By signing below, I state that I have read and understand the information provided on this form. I agree to fully comply with the restriction period. I understand that my passbook will be returned to me once my restriction period is over and I have been cleared by my physician to box.

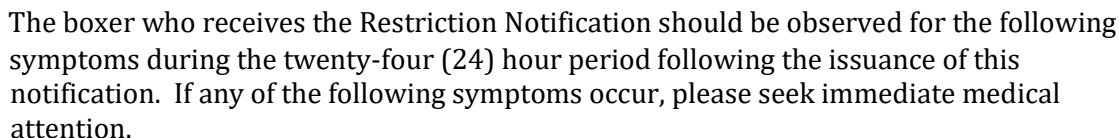
Boxer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature (if boxer is under the age of 18) \_\_\_\_\_

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Instructions for USAB representative: Immediately forward the passbook along with the white and yellow copies of this form to the LBC Registration Chair. The Registration Chair shall then forward the white copy to:

USA Boxing  
1 Olympic Plaza  
Colorado Springs, CO 80909



- 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.*

Parent/Guardian signature (if boxer is under the age of 18) \_\_\_\_\_

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

contraindications to his/her return to sparring or competition.

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Address: \_\_\_\_\_

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