



## Restrictions Affidavit

LBC Name \_\_\_\_\_ LBC # \_\_\_\_\_ Sanction# \_\_\_\_\_

Please be advised that \_\_\_\_\_ is restricted from competing in competitive boxing,  
or Sparring for 30/90/180/365 days beginning on \_\_\_\_\_ and ending on \_\_\_\_\_

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 \_\_\_\_\_

The restriction is due to OTHER reasons (please state): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Physician:

Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Referee:

Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Boxer:

➡ 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's Coach:

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: \_\_\_\_\_

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: \_\_\_\_\_

**Examining Physician:** \_\_\_\_\_, on this day I have medically examined

Boxer Name: \_\_\_\_\_ Address: \_\_\_\_\_

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:



**USA Boxing, Inc.**

1 Olympic Plaza · Colorado Springs, Colorado 80909  
(719) 866-2306 · FAX: (719) 866-2132 · Website: [www.usaboxing.org](http://www.usaboxing.org)