



# United States Amateur Boxing Inc.

## Female Athlete Acknowledgement

Name of Event \_\_\_\_\_ Date \_\_\_\_\_ Sanction # \_\_\_\_\_

(Section above to be completed by Sanction Holder)

Sanctioned by the NCBA (LBC # 60) and United States Amateur Boxing

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*Must be completed and signed by female athletes **each time** they compete.*

Name: \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip Code

Birthdate \_\_\_\_\_ USA Boxing Registration # \_\_\_\_\_

### Acknowledgement

**I CERTIFY THAT I AM NOT PREGNANT, NOR DO I HAVE ANY PAINFUL PELVIC DISCOMFORT SUCH AS SYMPTOMATIC ENDOMETRIOSIS OR OTHER CAUSES, ABNORMAL VAGINAL BLEEDING OF UNDETERMINED CAUSES (ETIOLOGY), RECENT LOSS OF MENSTRUAL PERIOD (SECONDARY AMENORRHEA), RECENT BREAST BLEEDING, RECENTLY DEVELOPED BREAST MASS, RECENT BREAST DYSFUNCTION PREVIOUSLY NOT PRESENT OR SURGICAL BREAST IMPLANTS, AND HAVE READ SECTION 101.9(4) OF USA BOXING'S OFFICIAL RULES PERTAINING TO MY PRESENT PHYSICAL CONDITION. I FURTHER AGREE THAT I WILL IMMEDIATELY NOTIFY MY COACH, TRAINER OR OTHER LOCAL BOXING OFFICIALS IF ANY OF THE ABOVE DESCRIBED CONDITIONS SHOULD DEVELOP/APPLY.**

**(SECTION 101.9(4) OF USA BOXING'S OFFICIAL RULES IS INCORPORATED IN THIS ACKNOWLEDGEMENT BY REFERENCE).**

I, the undersigned, have read this Acknowledgement.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Participant's Full Name)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Participant's Legal Guardian) \*REQUIRED IF ATHLETE IS A MINOR