

# United States Amateur Boxing, Inc.

## Restrictions Affidavit

*Please type or print legibly*

LBC Name NCBA LBC Number 60 Athlete's Reg. # \_\_\_\_\_

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 an **RSCH** (Referee stopped contest) 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)** \_\_\_\_\_

\_\_\_\_\_  
Issued By (LBC Name) LBC # Sanction Number  
Print \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Holder of Sanction

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 circumstances can the restriction period be waived or shortened.**

Print \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Boxer (optional)

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 and two (2) copies of this form to the LBC president or LBC registration chair. The LBC president or registration chair, upon receipt, shall then forward one copy to:

**United States Amateur Boxing, Inc.  
One Olympic Plaza  
Colorado Springs, CO 80909**

Date of Forwarding \_\_\_\_\_ Registration Chair \_\_\_\_\_

# MEDICAL RELEASE

(To be signed by the athlete'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 \_\_\_\_\_

I, \_\_\_\_\_, 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. The undersigned examining physician administered an EEG yes  no
2. and/or an 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:

Ken Cooper  
2506 Sugar Run Road  
Mill Hall, PA 17751  
Fax: (570) 748-6074  
kjcooper4@comcast.net