



TO: 2010 USA Boxing Under-19 National Championships Participants  
FROM: USA Boxing Marketing and Events Department  
SUBJECT: Medical Treatment Form

United States Amateur Boxing's insurance company requires a signed medical treatment form either authorizing emergency medical treatment or not authorizing medical treatment for all participating individuals. Participants under 18 years of age, are required to have parental / guardian signatures as well.

Please complete and sign the attached form. **Be sure to indicate whether treatment is approved or not approved.**

Thank you for your assistance with this matter. Please do not hesitate to contact the USA Boxing National Office at (719) 866-2323 if you have any questions.

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## **MEDICAL TREATMENT FORM**

\_\_\_\_\_ I **AUTHORIZE** a duly appointed representative of United States Amateur Boxing, Inc., to consent to emergency medical treatment during my participation in USA Boxing's sanctioned event.

\_\_\_\_\_ I **DECLINE** to authorize consent for emergency medical treatment during my participation in USA Boxing's sanctioned event for the following reasons:

If you marked DECLINE, please mark one of the following:

\_\_\_\_\_ Religious

\_\_\_\_\_ Personal

\_\_\_\_\_ Other: \_\_\_\_\_

**Signed:** \_\_\_\_\_  
*(Athlete Signature)*

**Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_  
*(Parent/Guardian Signature for athletes under 18)*

**Date:** \_\_\_\_\_