



TO: 2010 USA Boxing National Championships Participants

FROM: USA Boxing 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 Events Department at USA Boxing Headquarters at (719) 866-2306 if you have any questions.

## **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 yrs)

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