



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:

(Please mark one)

_____ Religious

_____ Personal

_____ Other: _____

SIGNED: _____ DATE _____
Athlete / Boxer

SIGNED: _____ DATE _____
Parent / Guardian