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: _____
(Athlete Signature)

Signed: _____
(Parent / Guardian Signature)

Date: _____/_____/_____