



United States Amateur Boxing Inc.

Female Athlete Acknowledgement Form

Name of Event: _____ Date: _____ Sanction#: _____

Sanctioned by: _____ and United States Amateur Boxing

(SANCTIONED ABOVE TO BE COMPLETED BY SANCTION HOLDER)

*Must be completed and signed by female athletes **each time** they compete.*

Name: _____ LBC Name & #: _____

Address: _____

STREET

CITY/STATE

ZIP

DOB: ____/____/____ USA Boxing Registration #: _____

Acknowledgement

I CERTIFY THAT I AM NOT PREGNANT, NOR DO I HAVE ANY PAINFUL PELVIC DISCOMFORT SUCH AS SYMPTOMATIC ENDOMETRIOSIS OR OTHER CAUSES, ABNORMAL VAGINAL BLEEDING OF UNDETERMINED CAUSES (ETIOLOGY), RECENT LOSS OF MENSTRUAL PERIOD (SECONDARY AMENORRHEA), RECENT BREAST BLEEDING, RECENTLY DEVELOPED BREAST MASS, RECENT BREAST DYSFUNCTION PREVIOUSLY NOT PRESENT OR SURGICAL BREAST IMPLANTS, AND HAVE READ SECTION 101.9(4) OF USA BOXING'S OFFICIAL RULES PERTAINING TO MY PRESENT PHYSICAL CONDITION. I FURTHER AGREE THAT I WILL IMMEDIATELY NOTIFY MY COACH, TRAINER, OR OTHER LOCAL BOXING OFFICIALS IF ANY OF THE ABOVE DESCRIBED CONDITIONS SHOULD DEVELOP/APPLY.

(SECTION 101.9(4) OF USA BOXING'S OFFICIALS RULES IS INCORPORATED IN THIS ACKNOWLEDGEMENT BY REFERENCE)

I, the undersigned, have read this Acknowledgement.

Signed: _____ Date: _____

(PARTICIPANT'S FULL NAME)

Signed: _____ Date: _____

(PARTICIPANT'S LEGAL GUARDIAN) **REQUIRED IS ATHLETE IS A MINOR**