



PARTICIPANT'S MEDICAL TREATMENT FORM

OF AMERICA, INC.

For Year: 2022

SPECIAL NOTICE – Insurance Requirement

USA Boxing's Insurance Company requires a signed medical treatment forms either Authorizing emergency medical treatment or Not Authorizing (Decline) medical treatment for **ALL PARTICIPATING INDIVIDUALS**. Participants under 18 years of age are required to have parental/guardian signatures as well. Don't hesitate to contact the Events Department at USA Boxing Headquarters at (719) 866-2300 if you have any questions.

REPRESENTING FRANCHISE:

Name (Print - (First, Initial, Last) _____ Male Female

Street _____ City _____ State _____ Zip _____

Age _____ Birthdate (Month, Day, Year) _____ Home Phone () _____

_____ I Hereby **AUTHORIZE** A Duly Appointed Representative of Golden Gloves of America to Consent To Emergency Medical Treatment During My Participation in this Golden Gloves Boxing Tournament.

_____ I Hereby **DECLINE** To Authorize Consent for Emergency Medical Treatment During My Participation in this Golden Gloves Boxing Tournament for the Following Reason:
(Please Mark One)

_____ Religious _____ Personal _____ Other: _____

Participant's Signature: _____ Date: _____

IN CASE OF EMERGENCY – Please Contact:

Name (PRINT – First, Initial, Last) _____

Street _____ City _____ State _____ Zip _____

Relationship: _____ Phones () _____ () _____