

Southern California State Boxing Championship

Female Athlete Acknowledgement

Must be completed and signed by all female athletes

Female Boxer's Name: _____ LBC Name & # _____
Boxer's Address _____ City _____ State _____ Zip _____
Boxer's Birthdate _____ USA BOXING REGISTRATION # _____
Club Name _____ City _____ Coach _____

ACKNOWLEDGEMENT

I CERTIFY THAT I AM NOT PREGNANT, NOR DO I HAVE ANY PELVIC DISCOMFORT OR PAIN, SUCH AS SYMPTOMATIC ENDOMETRIOSIS OR OTHER CAUSES OF ABNORMAL VAGINAL BLEEDING OR 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 I HAVE READ SECTION 101.9(4) OF USA BOXING'S OFFICIAL RULES PERTAINING TO MY PHYSICAL CONDITION. I FURTHER AGREE THAT, IF ANY OF THE ABOVE DESCRIBED CONDITIONS SHOULD DEVELOP AND/OR APPLY, I WILL IMMEDIATELY NOTIFY MY COACH, TRAINER, OR OTHER LOCAL BOXING OFFICIALS, AND I WILL IMMEDIATELY DISQUALIFY MYSELF AND CEASE PARTICIPATION IN THE ABOVE EVENT. (SECTION 101.9(4) OF USA BOXING'S OFFICIAL RULES IS INCORPORATED IN THIS ACKNOWLEDGEMENT BY REFERENCE).

I, the undersigned, have read, understand, and agree to this acknowledgement.

Participant's Signature _____ DATE _____

*Signature of Participant's Parent/Legal Guardian _____ DATE _____
*REQUIRED IF ATHLETE IS A MINOR