

THE AMATEUR BOXING ASSOCIATION OF ENGLAND LIMITED



FEMALE BOXING – INDEMNITY FORM

Name : [in block letters]DOB:

Address : [in full including Post Code]

Club : Association :

Telephone Number : E-mail :

MEDICAL INDEMNITY STATEMENT

I certify that I am not pregnant, or have any pelvic discomfort such as symptomatic endometriosis or other causes, abnormal vaginal bleeding of undetermined causes [etiology], recent loss of menstrual period [secondary amenorrhoea], recent breast bleeding, recently developed breast mass, recent breast dysfunction previously not present or surgical breast implants. I further agree that I will immediately inform the official in charge or appointed tournament doctor [in cases of competition] or Chief coach / team manager [in cases of squads / camps] of this or any subsequent tournament / squads / camps if any of the above described conditions develop or apply. In such a case, I shall immediately disqualify myself from competition / camp / tour.

Competitor Signature : Date :

All competitors making a false statement on this entry form will render themselves liable to disqualification from this championship / event / camp

This form of Indemnity MUST be signed in the presence of the doctor at the time of the tournament medical examination – or in cases of squads or camps in the presence of the Chief Coach

Parental Consent – [Competitors under 18 Years of Age]

'I hereby give permission for the above named competitor to be medically examined and participate in the tournament for which this indemnity form refers – I know of no medical reason why this person cannot participate in the above tournament'

FULL Name :

Parent / Guardian / Person with Parental Control [delete as appropriate]

Full Address including post-code :

Emergency Contact Telephone Number :