BOXING
BRITISH COLUMBIA

Event Sanction # _____

BOXING BC ASSOCIATION MEDICAL RELEASE

To be completed and signed by the athlete's personal physician

I hereby certify that I have fully disclosed my medical history to the examining physician, including any past injuries, pre-existing conditions, congenital conditions, or illnesses that may affect my ability to participate in amateur boxing or that could be aggravated through participation.

To the best of my knowledge, I have provided complete and accurate information. In consideration of participation, I release Boxing BC, its officers, representatives, and assigns from any claims for damages resulting from undisclosed medical conditions.

Boxer's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Examining Physician: _____

Boxer's Name: _____

Street Address: _____

City & Province: _____

I have medically examined the athlete named above and find no medical contraindications to participation in competitive boxing or sparring.

Physician's Signature: _____ Date: _____

Print Physician's Name: _____

Physician's Address: _____

The boxer who receives this medical release should be observed for the following symptoms during the 24-hour period following competition:

1. 1. Headache
2. 2. Increasing drowsiness or loss of consciousness
3. 3. Repeated vomiting
4. 4. Blurred vision
5. 5. Mental confusion or irrational behaviour
6. 6. Convulsive seizure
7. 7. Inability to move a limb
8. 8. Excess restlessness
9. 9. Oozing of blood or watery fluid from ears or nose
10. 10. Inability to control bladder or bowel

Please forward a copy of the completed Medical Release to the Provincial Office.
Email: info@boxingbc.ca