



MANDATORY BOXER PARTICIPATION & WAIVER FORM

BOXER INFORMATION

BOXER NAME: _____

BOXER DATE OF BIRTH: _____

HOME ADDRESS: _____

WHAT SCHOOL DOES BOXER CURRENTLY ATTEND? _____

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION

Must provide name and contact information for at least one parent or guardian who we can contact if there is an emergency.

NAME OF PARENT/GUARDIAN: _____

CELL PHONE NUMBER: _____

EMAIL ADDRESS: _____

MEDICAL INFORMATION

DATE OF BOXER'S PHYSICAL: _____

PERMISSION, CONSENT, WAIVER AND RELEASE

My name is _____ and I am the parent/legal guardian of _____ who is applying to participate in the boxing program at CINCINNATI GOLDEN GLOVES FOR YOUTH. By signing below, I am indicating that I consent to my child's participation in the boxing program and other activities at CINCINNATI GOLDEN GLOVES FOR YOUTH, and I am further certifying that:

1. I HAVE READ AND I UNDERSTAND THIS PERMISSION, CONSENT, WAIVER AND RELEASE.
2. I am the custodial parent or legal guardian of the child applying to participate in the CGGY boxing program.
3. My child is fit to participate in the sport of boxing and is in good health and proper physical condition for all boxing-related activities, including, but not limited to, training, running, aerobics, calisthenics, weightlifting, sparring, and participating in competitions.
4. I consent to my child participating in the sport of boxing and all boxing-related activities, including, but not limited to, training, running, aerobics, calisthenics, weightlifting, sparring, and participating in competitions.
5. In consideration of my child's participation I consent to the terms of this PERMISSION, CONSENT, WAIVER AND RELEASE, and I agree that the Terms set forth herein shall be binding on me, my child, and our heirs, legal representatives, agents, successors and assignees.

6. I FULLY UNDERSTAND THAT:

(a) OLYMPIC STYLE AMATEUR BOXING INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING SICKNESS, DISEASE, PERMANENT OR TEMPORARY DISABILITY, PARALYSIS AND DEATH, and these risks may be caused by the action or inaction of participants, coaches, volunteers, or by equipment or conditions at CGGY’s facilities, or by negligence (“the Risks”); and

(b) there may be other risks, including loss or injury, that are not necessarily inherent in boxing and are not readily foreseeable (“Other Risks”); and

(c) I FULLY ACCEPT AND ASSUME RESPONSIBILITY FOR ALL THE RISKS, INCLUDING OTHER RISKS, AND FOR ANY LOSSES, CLAIMS, DAMAGES, INJURIES, OR COSTS INCURRED BY ME OR MY CHILD AS A RESULT OF MY CHILD’S PARTICIPATION IN CGGY’S ACTIVITIES AND PROGRAMS.

7. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS Cincinnati Golden Gloves for Youth, the Cincinnati Recreation Commission, LaRosa’s Inc., USA Boxing, the Ohio Local Boxing Committee (“LBC”), and each of their respective employees, administrators, directors, officers, agents, owners, shareholders, successors, assignees, advertisers, and sponsors, along with other participants, and the owners or lessors of the premises on which the activities take place (“The Released Parties”) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, INJURIES, OR DAMAGES CAUSED IN WHOLE OR IN PART BY ANY OR ALL OF THE RELEASED PARTIES, INCLUDING NEGLIGENCE AND/OR NEGLIGENT RESCUE OPERATIONS.

8. IN THE EVENT THAT ANYONE ATTEMPTS TO MAKE ANY CLAIMS AGAINST THE RELEASED PARTIES ARISING FROM MY CHILD’S PARTICIPATION IN CGGY’S PROGRAMS AND ACTIVITIES, I FURTHER AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS THE RELEASED PARTIES FROM ANY LITIGATION EXPENSES, ATTORNEYS FEES, AND LIABILITY FOR DAMAGES, COSTS AND LOSSES THAT MAY BE INCURRED AS A RESULT.

9. I COVENANT NOT TO SUE OR ALLEGE CLAIMS AGAINST ANY OF THE RELEASED PARTIES, EITHER ON MY BEHALF OR ON BEHALF OF MY CHILD, IN CONNECTION WITH ANY CLAIMED LOSS, INJURY OR DAMAGE ARISING FROM MY CHILD’S PARTICIPATION IN CGGY’S PROGRAMS OR ACTIVITIES.

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

As the [PARENT] / [LEGAL GUARDIAN] of _____, I hereby authorize and give my full consent for my child to receive medical, surgical, or dental treatment in the event of an emergency. In the event of any such emergency, I authorize Cincinnati Golden Gloves for Youth to act on my behalf if a medical or dental emergency arises while my child is participating in CGGY’s activities and programs. I further understand that I am responsible for any and all costs associated with my child receiving any such emergency medical, surgical, or dental treatment.

Parent/Guardian Signature: _____ Date: _____

PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

(Page 2 of 3)

Date of Exam _____

Name _____ Date of birth _____

PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION		
Height	Weight	<input type="checkbox"/> Female <input type="checkbox"/> Male
BP /	Pulse /	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic Insufficiency) 		
Eyes/ears/nose/throat <ul style="list-style-type: none"> • Pupils equal • Hearing 		
Lymph nodes		
Heart* <ul style="list-style-type: none"> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI) 		
Pulses <ul style="list-style-type: none"> • Simultaneous femoral and radial pulses 		
Lungs		
Abdomen		
Genitourinary (males only) *		
Skin <ul style="list-style-type: none"> • HSV, lesions, suggestive of MRSA, tinea corporata 		
Neurologic*		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional <ul style="list-style-type: none"> • Duck-walk, single leg hop 		

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

*Consider GU exam if private setting, having a third party is recommended.

*Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.



PHYSICAL EXAMINATION SIGNATURE PAGE

Attach this page to your athlete passbook, and keep a copy for your records

(Page 3 of 3)

Boxer's name: _____ Date of Birth: _____

Boxer's signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____

Choose one below:

_____ Cleared for all sports without restriction

_____ Cleared for all sports without restriction with recommendations for further evaluation for

_____ Not Cleared

_____ Pending further evaluation

_____ For any sports

_____ For certain sports _____

Reason: _____

Recommendations: _____

I have examined the above-named athlete and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved, and the potential consequences are completely explained to the athlete and parent/guardian.

Name of Medical Professional: _____

Address, City, State, and Zip: _____

Phone: _____

Signature: _____ Credentials: _____ Date: _____

**Valid medical signers are MD, DO, NP, PA*

***DC is not accepted by USA Boxing*

**FILL FORM OUT COMPLETELY - SPACES
LEFT BLANK WILL DELAY PROCESSING.**

**Retain pages 1 and 2 for your records and
upload page 3 for USA Boxing approval.**