



# United States Amateur Boxing, Inc. Restrictions Affidavit

*Please type or print legibly*

LBC Name \_\_\_\_\_ LBC Number \_\_\_\_\_ Athlete's Reg. # \_\_\_\_\_

Please be advised that \_\_\_\_\_ is restricted from competing in competitive boxing or sparring for \_\_\_\_\_ days beginning on \_\_\_\_\_ and ending on \_\_\_\_\_  
30, 90, 180 or 365 Date Date

The restriction is due to an RSCH (Referee stopped contest) rendered while said boxer was competing against \_\_\_\_\_ at the \_\_\_\_\_ on \_\_\_\_\_  
Opponent's Name Name of Event Date of Event

**The restriction is due to OTHER reasons (please state)** \_\_\_\_\_

Print _____ <small>Holder of Sanction</small>	Signature _____	Date _____
Print _____ <small>Physician</small>	Signature _____	Date _____
Print _____ <small>Referee</small>	Signature _____	Date _____



**I, the undersigned, have read and understand the above and reverse side information regarding the restriction period and agree to fully comply. Under no circumstances can the restriction period be waived or shortened.**

Print \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Boxer (optional)

Upon completion of the above restriction period, the boxer must have the medical release form on the reverse side completed by his/her personal **physician**. He/she must immediately forward a copy to his/her Local Boxing Committee (LBC) president or registration chairperson before returning to competitive boxing or sparring. Failure to do so may result in disciplinary action.

I, the undersigned, as the coach who worked the boxer's corner, will be held responsible for accompanying the boxer to his/her home or suitable accommodation. Upon arrival, I, the coach, will present the Restrictions Affidavit to a responsible adult and then explain its use clearly and thoroughly.

Print \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Boxer's Coach

The Sanction Holder must immediately forward the passbook and two (2) copies of this form to the LBC president or LBC registration chair. The LBC president or registration chair, upon receipt, shall then forward one copy to:

**United States Amateur Boxing, Inc.  
One Olympic Plaza  
Colorado Springs, CO 80909**

Date of Forwarding \_\_\_\_\_ Registration Chair \_\_\_\_\_