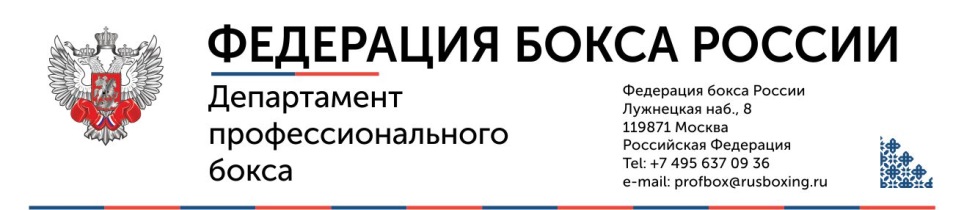
|  |  |
| --- | --- |
| **TO BE ANSWERED BY BOXER** | |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Senior Second \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Boxer's License № \_\_\_\_\_\_\_\_ issued by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ "\_\_\_\_"\_\_\_\_\_\_\_\_\_\_\_ | |
| Insuarance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Weight \_\_\_\_\_\_\_\_\_ Height \_\_\_\_\_\_\_\_\_ |
|  |  |
|  | **YES/NO** |
|  | Describe if needed |
| *Date of the last fight, result* |  |
| *Do you have any problems regarding your general health and* |  |
| *whether you have been in full training or have you any minor* |  |
| *complaints which might impair your performance on the ring?* |  |
| *Any recent symptoms such as headaches, visual disturbances,* |  |
| *loss of concentration, general fatigue or other symtoms?* |  |
| *Any ilness you suffered 120 days before this event?* |  |
|  |  |
| *KD, KO you suffered 120 days before this event?* |  |
| *Any medications, drugs, any artificial means for wight reduction* |  |
| *you have been taking 120 days begore this event?* |  |
| *Your weight 7 days before this fight ?* |  |
| *Date of your last KT/MRI* |  |
| *Whether you know that during the fight pure water, adrenaline* |  |
| *solution at 1x1000 and white vaseline are allowed only?* |  |
| *Whether you know antidoping regulation and are you ready to* |  |
| *just after the fight?* |  |
| *Do you have any in writing (actual Agreement) or oral obligations* |  |
| *which might stand in the way of your performance in this event?* |  |
|  |  |
| *I understand and accept on myself all risk connected with my participation in the match. Further I confirm that* | |
| *I have medical insurance covering treatment and hospitalization in case of trauma on the ring.* | |
| Date \_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Medical examination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician's name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |
| Registered weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Physician's post fight recommendations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |



I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

a head cornerman of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

take responsibility for a decision of boxer’s stepping in the ring, control of the boxer’s state during the bout as well as for a timely corner retirement in case of weakness of the boxer.

………………………. «\_\_\_\_\_\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_201…

(Signature)