



TO: 2009 Junior Golden Gloves National Championship Participants
FROM: Golden Gloves of Nevada Junior Nationals Tournament Committee
SUBJECT: Medical Treatment Form

United States Amateur Boxing's insurance company requires a signed medical treatment form either authorizing emergency medical treatment or not authorizing medical treatment for all participating individuals. Participants under 18 years of age, are required to have parental / guardian signatures. Please complete and sign the attaches form. Be sure to indicate whether treatment is approved or not approved.

MEDICAL TREATMENT FORM

_____ **I AUTHORIZE** a duly appointed representative of United States Amateur Boxing, Inc., to consent to emergency treatment during my participation in the Junior Golden Gloves Nationals, a USA Boxing sanctioned event.

_____ **I DECLINE** to authorize consent for emergency medical treatment during my participation in the Junior Golden Gloves Nationals, a USA Boxing sanctioned event for the following reasons:

_____ Religious

_____ Personal

_____ Other: _____

Signed: _____ Date: _____
(Athlete/Participant Signature)

I am the parent of the above named minor and I have made sure that the above selection has been marked according to my wishes.

Signed: _____ Date: _____
(Parent/Guardian Signature)