РНОТО	Boxer Surname: Boxer Date of Birth: Boxer Address: Boxer Postcode: Boxer Gender:		FORM MUST BE COMPLETED IN CAPTIAL LETTERS BEFORE SUBMISSION PLEASE ALLOW 14 DAYS FOR PROCESSING MEDICAL HISTORY TO BE COMPLETED AND SIGNED BY PARENT PRIOR TO MEDICAL EXAMINATION IF BOXER UNDER 16 YEARS OF AGE
MEDICAL HISTORY:	S U16):		
Cardiorespiratory	Musculoskeletal	Eyes	
Blood Pressure	Ears	Visual Acuity >6/36 in Worst Eye, >6 in Best eye?	5/18
Abdomen	CNS	KO/RSC(H)/Concussion in/out of rir last 12 months?	ng in
Oate:		Medical Officer Sign:	
N MY OPINION IS / ISNT	FIT TO BOX	Print Name:	

BY COMPLETING THIS DOCUMENT. YOU ARE DECLARING THAT YOU READ. UNDERSTOOD & AGREED TO THE FOLLOWING:

- I agree to supply Boxing Scotland with the details of my registered General Medical Practitioner.
- I authorise Boxing Scotland to release reports/ medical information to my registered General Medical Practitioner.
- I authorise Boxing Scotland to disclose such relevant personal and medical information as may be necessary to the investigation of my fitness to box. to healthcare professionals.
- I declare that I have checked the details I have provided on this form and that to the best of my knowledge and belief, they are correct.
- I understand and accept that if I make a false declaration to Boxing Scotland that my licence can be suspended and/ or withdrawn.
- I accept and assume all risks associated with my participation in boxing and that Boxing Scotland have not and cannot make any representation or guarantee that attending the venue or participating in Boxing is free from risk.
- I accept that boxing can be dangerous and may lead to the potential for serious bodily injury, including but not limited to concussion, chronic traumatic encephalopathy, the risk of blood borne infection contraction and death. I shall seek advice from a doctor or qualified health provider should I require any further clarification surrounding the risks or if I have any further medical concern or question concerning boxing.
- I accept that it is my responsibility to determine whether I am sufficiently fit, hydrated and healthy enough to safely participate in boxing, and I attest and certify that I am or will be sufficiently fit, hydrated, healthy and physically trained to participate in boxing.
- I certify that I have not been advised against participation in boxing by a doctor or qualified healthcare provider. I have no physical or medical condition that would endanger myself or others or would interfere with my ability to safely participate in boxing activities.

Boxer Signature:	Boxer Print Name:	DATE:
Parent sign name (Under 16):	Parent Print (Under 16):	DATE:

DECLARATION - HAVE YOU ANY PREVIOUS MARTIAL ART/COMBAT SPORT EXPERIENCE

I hereby declare that the information I provide regarding my previous combat experience is true. I understand that I may face suspension/ exclusion and/ or prosecution should I not accurately declare my combat experience and there is, or could have been, serious injury to my opponent, during a competitive boxing bout, or my training partner during boxing activities.

IF YES; WHAT TYPE OF COMBAT SPORT;			
IF YES: (PLEASE DETAIL OF COMPLETED BOUTS)	NUMBER OF COMPETITIVE BOUTS:	NUMBER OF NON-COMPETITIVE BOUTS:	

Combat experience and bout conversion table

White Collar	1 contest = 1 contest
Boxing/Unlicensed Boxing	
Muay Thai	1 contest = 1 contest
Kick Boxing (Full Contact)	1 contest = 1 contest
MMA	1 contest = 1 contest
Kick Boxing (Semi	1 contest = 0.5 contest
Contact)	
Karate (Full Contact)	1 contest = 0.75 contest
Karate (Semi Contact)	1 contest = 0.5 contest
Karate (Light / Points)	1 contest = 0.25 contest
Taekwondo (Full Contact)	1 contest = 0.75 contest
Taekwondo (Semi Contact)	1 contest = 0.5 contest
Taekwondo (Light /	1 contest = 0.25 contest (Mostly Children)
Points)	
Judo/Jujitsu	1-10 = 1, 11-20 = 2, 21-30 = 3, 31-40 = 4, 41-50 = 5, 50+ = 6, 100+ = 7, 150+ = 8, 200+ = 9 bouts and so on.
Wrestling	1-10 = 1, 11-20 = 2, 21-30 = 3, 31-40 = 4, 41-50 = 5, 50+ = 6 100+ = 7, 150+ = 8, 200+ = 9 bouts and so on.