



PHOTO

Boxer Forename(s): _____

Boxer Surname: _____

Boxer Date of Birth: _____

Boxer Address: _____

Boxer Postcode: _____

Boxer Sex: Please Tick Male Female Is Boxer competing in same sex as assigned at birth: Please Tick Yes No

Boxer Club: _____

Boxer Club Postcode: _____

**FORM MUST BE COMPLETED IN CAPITAL 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: _____

CURRENT MEDICATION: _____

PARENT SIGN & PRINT (IF BOXER IS U16): _____

EMERGENCY CONTACT NUMBER: _____

Cardiorespiratory		Musculoskeletal		Eyes	
Blood Pressure		Ears		Visual Acuity >6/36 in Worst Eye, >6/18 in Best eye?	
Abdomen		CNS		KO/RSC(H)/Concussion in/out of ring in last 12 months?	

Date: _____

Medical Officer Sign: _____

IN 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 that I must provide proof of age if requested at any time whilst being registered with Boxing Scotland.
- I understand and accept that if I make a false declaration to Boxing Scotland that my registration can be suspended and/ or withdrawn.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 Print Name: _____

Boxer Signature: _____

Date: _____

Parent Print Name (Under 16): _____

Parent Signature (Under 16): _____

Date: _____

DECLARATION - HAVE YOU ANY COMBAT SPORT EXPERIENCE/PREVIOUS MARTIAL ARTS?

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.

NO (Tick)	IF YES; WHAT TYPE OF COMBAT SPORT;	
IF YES: (PLEASE DETAIL OF COMPLETED BOUTS)	NUMBER OF COMPETITIVE BOUTS:	NUMBER OF NON-COMPETITIVE BOUTS:
I FULLY UNDERSTAND THAT I CANNOT COMPETE IN ANY OTHER INDIVIDUAL COMBAT SPORTS WHILST REGISTERED WITH BOXING SCOTLAND		
BOXERS SIGNATURE:		PARENT SIGNATURE (Under 16)

Combat Experience and Bout Conversion Table

White Collar Boxing/Unlicensed Boxing	1 contest = 1 contest
Muay Thai	1 contest = 1 contest
Kick Boxing (Full Contact)	1 contest = 1 contest
MMA	1 contest = 1 contest
Kick Boxing (Semi Contact)	1 contest = 0.5 contest
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 / Points)	1 contest = 0.25 contest (Mostly Children)
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.