Coaches Handbook

 

Dear Boxing Ontario Clubs and Coaches,

We thank you once again for your availability and your dedication to commit in this very important event with over 480 entries from across the provinces.

Please be sure to take your time to read through the information supplied, as you find in this Handbook all the necessary information regarding the competition and the related logistics.

We would like to wish all competitors good luck in the tournament.

**HANDBOOK CONTENTS:**

* Tournament Agreement
* Key Contacts
* Venues – Hotel, Weigh-in and Competition
* Weigh-in Procedure
* Important Notes
* Tournament Schedule
* Scoring Criteria
* Pre-Bout Medical – Male and Female
* Temporary Book Replacement Form

**TOURNAMENT AGREEMENT:** Any boxer, coach or official participating in the tournament acknowledges that they are registered with Boxing Ontario for 2024. You will be required to show proof of registration at any time throughout the course of the tournament via boxer/official passports and coaches’ cards.

**It’s recommended that you keep your registration number on your person at all times.**

Every Boxer must disclose all prior bout experience, including bouts or matches in other combative sports; failure to do so will result in sanctions against the boxer, the boxer's current club and/or the boxer's coach.

By registering for this event, the boxer and Coach(s) hereby acknowledge and confirm that the registered or registering boxer is not registered or registering with another Province or other Federation and is not qualifying or intending to qualify with another Federation. Failure to provide full disclosure may be cause for disciplinary action which may affect the boxer's ability to qualify in Canada and or another Federation.

**KEY CONTACTS:**Please find below your main contacts on site:

|  |  |  |
| --- | --- | --- |
| **Function**  | **Name** Description: page2image5881600 | **Email** |
| Tournament Technical Delegate  | Mr. Paul DeMelo  | [pdemelo@boxingontario.com](file:///C%3A%5CUsers%5CPaul%20Demelo%5CDropbox%5CPC%5CDownloads%5Cpdemelo%40boxingontario.com) |
| Chief Official  | Mr. Paul DeMelo | [pdemelo@boxingontario.com](file:///C%3A%5CUsers%5CPaul%20Demelo%5CDropbox%5CPC%5CDownloads%5Cpdemelo%40boxingontario.com) |
| Weigh-In Responsibility | Ms. Kathy Williams | kwilliams@boxingontario.com  |
| Coaches Meeting Coordinator | Mr. Tommy Amaral  | [tamaral@boxingontario.com](file:///C%3A%5CUsers%5CPaul%20Demelo%5CDropbox%5CPC%5CDownloads%5Ctamaral%40boxingontario.com);  |
| Marketing | Ms. Becca Freeman | [pr@boxingontario.com](file:///C%3A%5CUsers%5CPaul%20Demelo%5CDropbox%5CPC%5CDownloads%5Cpr%40boxingontario.com) |
| Boxing Ontario Office | Ms. Naiomi Braithwaite | info@boxingontario.com |
| Host: Bramalea Boxing  | Kathy Sjouwerman | kathy.bramaleaboxingclub@gmail.com |

If you have any question before your departure, do not hesitate to contact Boxing Ontario Office at info@boxingontario.com or the Provincial Official Paul DeMelo at pdemelo@boxingontario.com

**IMPORTANT LINKS:**

* **OFFICIAL TOURNAMENT PAGE**[: Click Here to Visit Tournament Website](https://boxingontario.com/event/tournament-the-brampton-cup-2024/)

**VENUES:**

**ACCOMODATION HOTEL:**

Hyatt Place Brampton

3455 Queen St. E, Brampton, ON, L6T 0J5

(905) 487-8888

**Distance to the venue:** Approximately 10 min by car

Quality Inn and Suites

30 Clark Blvd. Brampton, ON, L6W 1X3

(905) 454-1300

**Distance to the venue:** Approximately 10 min by car

**WEIGH-IN LOCATION (FIELD B – section 1) and COMPETITION VENUE (FIELD A)**

Save Max Sports Centre

1495 Sandlewood Parkway East, Brampton ON

**WEIGH-IN PROCEDURE**

Due to the large number of boxers, it is imperative that everyone follow these weigh-in procedures, so we have an efficient experience.

Please make sure boxers have the following before arriving:

* **PHOTO ID**
* Pre-bout medical – signed by coach (form included in handbook)
	+ Please print and have a supply on hand
* Boxing Passport Book
	+ If do not have, please try and find a replacement book in club
	+ If can’t find replacement book then have a completed Temporary Book Replacement Form (form included in handbook)
* Shorts & tank top – for weigh-ins

Upon arrival – Boxers will:

* Attend Boxer Verification Desk
* **Confirm SESSION, RING & CORNER (bout lists will be available to check)**
* Boxers & coaches will receive their wristbands for the weekend
* Boxers will receive their wristband for their upcoming session then enter Field B
* **Coaches will not be allowed to enter Field B**

Please make sure boxer sticks to their own ring and own session – following steps:

1. Proceed to the registration desk – based on ring & split into Session 1 & 2
2. Blood pressure monitoring desk – based on ring & split into Session 1 & 2
3. Doctor – first available
4. Scale – first available
5. Exit Field B

If there are any questions, there will be volunteers who can get a senior official to assist.

**TOURNAMENT DATE AND TIMES:**

Second session times on Friday & Saturday are subject to change based on the number of bouts after the draw. Information will be communicated before the tournament.

* Session 1 – Thursday February 1, 2024 – 7:00pm
* Session 2 – Friday February 2, 2024 – 1:00pm
* Session 3 – Friday February 2, 2024 – 5:30pm
* Session 4 – Saturday February 3, 2024 – 1:00pm
* Session 5 – Saturday February 3, 2024 – 5:30pm
* Session 6 – Sunday February 4, 2024 – 12:00pm

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Section 2

Section 3

Section 1

Weigh-in Area

**IMPORTANT NOTES:**

* **Boxers can take off their wristband, but they must keep it to get a replacement band.** If they do not keep their band, they will have to pay to get a new one.
* Coaches must keep wristband on the entire tournament, if they lose it, cost will be $20 for a new one.
* NO NUTS (due to allergies we ask that you pack nut free food and snacks)
* Please eat all meals in designated areas.
* Due to the number of bouts and sometimes circumstances beyond our control, it is important you are prepared to either proceed earlier or later than thought.

**COMPETITION SESSIONS**

Field B – split into 3 sections

* Section 1 – Weigh-in area
* Section 2 – Red Warm-up (preparation/changing) area
* Section 3 – Blue Warm-up (preparation/changing) area

Upon arrival:

* **ONLY coaches & boxers for that session** (with proper wristband) will be allowed into Field B
* Boxers will change and get ready in appropriate Section 2 or 3
* **2 bouts prior to their bout:**
	+ **go through the back of Field B and enter competition venue – Field A**
	+ **get gloved up**
* must stay in Field A until after their bout

**FIELD OF PLAY**

* Licensed, registered coaches only
* No electronic devices, no recording
* 10 second tap does not mean stand-up
* No boisterous behaviour by coach or boxer
* Respect officials whether or not you agree with decision
* Boxers MUST shake hands before and after bout

**COACHES:**

* Athletic attire, track suit, long-pants, t-shirt, athletic shoes
* No shorts, jeans, no sandals, no offensive logos, no sunglasses
* MUST have white Towel
* **CLEAR** Water Bottle – none will be supplied

**BOXERS:**

* Red or Blue singlet
* Athletic shorts matching, or neutral colour
* Visible belt line
* Headgear must be IBA or USA Approved (Hair MUST be tucked into headgear)
* Wraps not gauze, one strand of wrap between fingers. NO tape on wraps
* NO TAPE on singlets, gloves or shorts
* No excessive Vaseline and only brow and nose
* Boxing or Running Shoes

**TOURNAMENT SCHEDULE:**

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| --- |
| **Thursday, February 1, 2024 – EVENT DAY 1** |
| Date and Event | Time | Location |
| **Weigh-ins** | 2:00pm – 3:00pm(Test scale will be available) | Competition VenueField B |
| **Session 1** | 7:00pm | Competition VenueField A |

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| **Friday, February 2, 2024 – EVENT DAY 2** |
| Date and Event | Time | Location |
| **Weigh-ins** | 8:00am – 9:00am(Test scale will be available) | Competition VenueField B |
| **Session 2** | 1:00pm | Competition VenueField A |
| **BREAK** | 4:00pm – 5:00pm |  |
| **Session 3** | 5:30pm | Competition VenueField A |

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| **Saturday, February 3, 2024 – EVENT DAY 3** |
| Date and Event | Time | Location |
| **Weigh-ins** | 8:00am – 9:00am(Test scale will be available) | Competition VenueField B |
| **Session 4** | 1:00pm | Competition VenueField A |
| **BREAK** | 4:00pm – 5:00pm |  |
| **Session 5** | 5:30pm | Competition VenueField A |

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| **Sunday, February 4, 2024 – EVENT DAY 4** |
| Date and Event | Time | Location |
| **Weigh-ins** | 8:00am – 9:00am(Test scale will be available) | Competition VenueField B |
| **Female Sparring** | 9:00am – 11:00am | Competition VenueField A |
| **Session 6** | 12:00pm | Competition VenueField A |
| **Brampton Cup Award Presentations** | Immediately following the last bout | Competition VenueField A |

**MAKEUP BOUTS:**

* Will try to establish them from the remaining unmatched tournament bouts, only for boxers that registered on time.
* Contact opponent coach for makeup
* Email info@boxingontario.com for request for makeup bout including class of boxers, experience, weights, club name and all coaches involved in the match
* Match will be reviewed and confirmed or declined within 24 hours

**SCORING CRITERIA:**

1. Number of quality blows on target area

Blows must meet the legal blow criteria

1. Domination of the bout by technique and tactical superiority

Combination of attack and defence, effective aggressor, sets temp

1. Competitiveness

Shows strong desire to compete and win, who wants it more

 CANADIAN AMATEUR BOXING ASSOCIATION 

# Pre-bout Medical Questionnaire for Male Boxers

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions for Boxer:** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions for Boxer: (**Please Print)

Have you had any of the following symptoms lately?

1. Headaches Yes [ ] No [ ]
2. Dizziness Yes [ ] No [ ]
3. Nausea or vomiting Yes [ ] No [ ]
4. Double or blurred vision Yes [ ] No [ ]
5. Have you taken any medication within the last 90 days Yes [ ] No [ ]

If yes what kind \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have any body piercing Yes [ ] No [ ]
2. In the last 12 months, have you had close contact with any person who has Hepatitis or HIV

 Yes [ ] No [ ]

**If you think you may be infected with Hepatitis or HIV you should not box**

**IN THE LAST 30 DAYS**

1. Have you participated in any contact sport (including boxing)? Yes [ ] No [ ]
2. Did you sustain any injury? Yes [ ] No [ ]

If Yes what type of injury \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did you receive any suspension or removal from play? Yes [ ] No [ ]
2. Have you sustained a concussion in the last 60 days? Yes [ ] No [ ]

**If you do not understand any questions please inform the Medical Doctor**

 Boxer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Questions for Coaches: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions for Boxer:** (Please Print)

Have you noticed any decrease in function or negative change in your boxer regarding the following?

1. Attention or concentration: Yes [ ] No [ ]
2. Memory Yes [ ] No [ ]
3. Speech Yes [ ] No [ ]
4. Behavior Yes [ ] No [ ]
5. Sparring (quickness) Yes [ ] No [ ]

In the past 30 days has your boxer sustained injury or removal

From play in any contact sport including boxing Yes [ ] No [ ]

 Coach Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Doctor – Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License # ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Please Print)

**Medical Doctor - Signature: \_\_\_**

 CANADIAN AMATEUR BOXING ASSOCIATION 

# Pre-bout Medical Questionnaire for Female Boxers

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions for Boxer:** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions for Boxer: (**Please Print)

Have you had any of the following symptoms lately?

1. Headaches Yes [ ] No [ ]
2. Dizziness Yes [ ] No [ ]
3. Nausea or vomiting Yes [ ] No [ ]
4. Double or blurred vision Yes [ ] No [ ]
5. Have you taken any medication within the last 90 days Yes [ ] No [ ]

If yes what kind \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you pregnant Yes [ ] No [ ]
2. When was your last menstruation? Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Did you do a pregnancy test Yes [ ] Negative [ ] Positive [ ] No [ ]

**If you even think you might be pregnant you should not box**

1. Have you noted any menstrual abnormality recently such as an absent menses, abnormal vaginal bleeding with or without pelvic pain / tenderness not consistent with your normal menstrual cycle & patterns?

 Yes [ ] No [ ]

1. Have you noted any breast masses, bleeding or other breast dysfunction Yes [ ] No [ ]
2. Have you had breast augmentation implants or tissue transfer Yes [ ] No [ ]
3. Do you have any body piercing Yes [ ] No [ ]
4. In the last 12 months, have you had close contact with any person who has Hepatitis or HIV

 Yes [ ] No [ ]

**If you think you may be infected with Hepatitis or HIV you should not box**

**IN THE LAST 30 DAYS**

1. Have you participated in any contact sport (including boxing)? Yes [ ] No [ ]
2. Did you sustain any injury? I Yes [ ] No [ ]

If Yes what type of injury \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did you receive any suspension or removal from play? Yes [ ] No [ ]
2. Have you sustained a concussion in the last 60 days? Yes [ ] No [ ]

**If you do not understand any questions please inform the Medical Doctor**

 Boxer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions for Coaches:** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions for Boxer:** (Please Print)

Have you noticed any decrease in function or negative change in your boxer regarding the following?

1. Attention or concentration: Yes [ ] No [ ]
2. Memory Yes [ ] No [ ]
3. Speech Yes [ ] No [ ]
4. Behavior Yes [ ] No [ ]
5. Sparring (quickness) Yes [ ] No [ ]

In the past 30 days has your boxer sustained injury or removal

from play in any contact sport including boxing Yes [ ] No [ ]

 Coach Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Doctor – Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License # ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Please Print)

**Medical Doctor - Signature: \_\_\_\_\_**

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| **CHECK-IN** Event Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Boxer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Boxer D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Photo ID Verified: YES [ ]  NO [ ]  Registered: YES [ ]  NO [ ]  Valid Annual Medical: YES [ ]  NO [ ]  Boxer BOUT Declaration: Number of Bouts to date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Boxer RSC/TKO Declaration: NONE [ ]  YES [ ]  Date of Most Recent RSC/TKO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*PRESIDING OFFICIALS’ CONFIRMATION* (sign) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **MEDICAL**Blood Pressure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Heart Rate (bpm): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pupils [ ]  Head/Neck [ ]  Chest [ ]  Hands [ ]  Abdomen [ ]  Other [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*PRESIDING DOCTOR’S CONFIRMATION* (sign) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **WEIGHT**Weight Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Official Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meets Match Criteria: YES [ ]  NO [ ] Comments if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*PRESIDING OFFICIALS’ CONFIRMATION* (sign) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **BOUT RESULTS**Opponent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Subject Boxer Results: [ ]  WIN by: WOP [ ]  RSC [ ]  RSCI [ ]  Other: [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  LOSS by: LOP [ ]  RSC [ ]  RSCI [ ]  Other: [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Comments if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*SUPERVISOR CONFIRMATION* (sign) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **POST BOUT MEDICAL**Boxer Passed Post Bout Medical: YES [ ]  NO [ ]  SUSPENSION [ ]  (EXPLAIN) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Doctor’s Comments (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*PRESIDING DOCTOR’S CONFIRMATION* (sign) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

UPON COMPLETION OF BOUT, THIS FORM MUST BE RETURNED TO THE OFFICE TO BE INCORPORATED INTO A NEW BOOK AT A FUTURE DATE