**THE WABA**

**FEMALE BOXING – SQUAD TRAINING AND TOURNAMENT INDEMNITY FORM**

**TRAINING / TOURNAMENT / EVENT: …………………………………………………………………………… DATE: ………………………….**

**Full Name : ……………………………………………………………………………Date of Birth: ………………………………**

**Address : …………………………………………………………………………………………………………………………………………………………..**

**……………………………………………………………………………………………………………………………………………………………………………..**

**POSTCODE: ………………………………………………**

**Telephone Number : E-mail :**

**CLUB : DIVISION :**

**MEDICAL INDEMNITY STATEMENT, PLEASE READ FOLLOWING STATEMENT CAREFULLY**

**I certify that I am not pregnant, or have any pelvic discomfort such as symptomatic endometriosis or other causes, abnormal vaginal bleeding of undetermined causes, recent loss of menstrual period, recent breast bleeding, recently developed breast mass, recent breast dysfunction previously not present or surgical breast implants. I further agree that I will immediately inform the official in charge or appointed tournament doctor [in cases of competition] or Chief coach / team manager [ in cases of squads / camps] of this or any subsequent tournament / squads / camps if any of the above described conditions develop or apply. In such a case, I shall immediately disqualify myself from competition/ training / camp / tour.**

**Female Boxers Signature** : …………………………………….……………………… **Date** : …………………………………………..

**All competitors making a false statement on this entry form will render themselves liable to disqualification from this Tournament/ Championship / Event / Squad Training Session / Camp, and liable to disciplinary procedures.**

**This form of Indemnity MUST be signed in the presence of the doctor at the time of the tournament medical examination – or in cases of squads or camps in the presence of the Chief Coach**

**Parental Consent – [Competitors under 18 Years of Age]**

**‘I hereby give permission for the above named competitor to be medically examined and participate in the Training / Tournament / Event for which this indemnity form refers – I know of no medical reason why this person cannot participate in the above**

**FULL Name** : ……………………………………………………………………………………………………………………………………………………

**Parent / Guardian / Person with Parental Control [delete as appropriate]**

**Full Address if different from Boxers, as above: …………………………………………………………………………………………………….**

**……………………………………………………………………………………………………………………………………………………………………………....**

**POSTCODE: ………………………………….**

**Emergency Contact Telephone Number** : …………………………………………………………………………………………………………………..