

# USA BOXING INJURY REPORT

Use this form for ANY injury to spectator as well as athlete and non-athletes  
(Check and/or circle one per section, complete relevant blanks)



Who was injured?    Member    Spectator    Other \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:    M    F

Parent's Name (if minor): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

Member's Reg #: \_\_\_\_\_ Sanction #: \_\_\_\_\_

Name of location where injury occurred: \_\_\_\_\_

Name of Local Boxing Committee: \_\_\_\_\_

<b>INJURY:</b>		<b>TIME:</b>	<b>DISPOSITION:</b>
Date of Injury: _____		Morning	Ringside Physician Attention
Injured Body Part: _____		Afternoon	Auto to Hospital
Condition: _____ (Sprain, Fracture, Concussion, etc.)		Evening	Ambulance to Hospital
Estimated absence from boxing    (1-7 days)    (1-3 wks)    (3+ wks)			
<b>OCCASION:</b> During supervised practice Name of supervising coach:  During sanctioned competition Round:  Other (explain):  Weight class:	<b>ACTIVITY (if at practice):</b> Sparring Bag / Pad work Rope Jumping Weights Calisthenics Road work Other:	<b>SITUATION:</b> Hit by opponent Hit opponent Fell pushed           slipped tripped           lost balance  Other: (Describe fully below)	
<b>PROGRAM:</b> USA Boxing Golden Gloves Silver Gloves PAL NCBA Intl Club Exchange Other:	<b>LOCATION:</b> Locker room Ring Gym floor Spectator area Other (explain):		
		<b>PROTECTIVE EQUIPMENT:</b> Wearing mouthpiece?    Yes    No Wearing headgear?      Yes    No	
<b>DESCRIBE HOW INJURY HAPPENED:</b>			

Signature of LBC officer validating injury claim: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Phone: \_\_\_\_\_