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: _____

INJURY:

Date of Injury: _____

Injured Body Part: _____

Condition: _____
(Sprain, Fracture, Concussion, etc.)

Estimated absence from boxing ☐ (1-7 days) ☐ (1-3 wks) ☐ (3+ wks)

TIME:

☐ Morning
☐ Afternoon
☐ Evening

DISPOSITION:

☐ Ringside Physician Attention
☐ Auto to Hospital
☐ Ambulance to Hospital

OCCASION:

☐ During supervised practice
Name of supervising coach:

☐ During sanctioned competition
Round:

☐ Other (explain):

Weight class:

ACTIVITY (if at practice):

☐ Sparring
☐ Bag / Pad work
☐ Rope Jumping
☐ Weights
☐ Calisthenics
☐ Road work
☐ Other:

SITUATION:

☐ Hit by opponent
☐ Hit opponent
☐ Fell
☐ pushed ☐ slipped
☐ tripped ☐ lost balance

Other: (Describe fully below)

PROGRAM:

☐ USA Boxing
☐ Golden Gloves
☐ Silver Gloves
☐ PAL
☐ NCBA
☐ Intl Club Exchange
☐ Other:

LOCATION:

☐ Locker room
☐ Ring
☐ Gym floor
☐ Spectator area
☐ Other (explain):

PROTECTIVE EQUIPMENT:

Wearing mouthpiece? ☐ Yes ☐ No
Wearing headgear? ☐ Yes ☐ No

DESCRIBE HOW INJURY HAPPENED:

Signature of LBC officer validating injury claim: _____ Date: _____

Print name: _____ Phone: _____

Revised 4/12/17