



United States Fight League  
PO Box 451, Lake Forest, CA 9263  
949 813-1041

### NOTICE OF SUSPENSION

LOCATION:

DATE:

NAME OF SUSPENDED CONTESTANT:

PHYSICIANS NAME:  
(Officials Name if disciplinary)

SIGNATURE:

CONTESTANT HAS SYMPTOMS OF:

OTHER REASON FOR SUSPENSION:

#### Circle One

KO/TKO

Bone/ Joint Injury

Cut

Other

Suspended for \_\_\_\_ days

No Contact for \_\_\_\_ days

\_\_\_\_ or until Cleared by a Physician prior \_\_\_\_ must be cleared by a physician

#### STATUS OF CONTESTANT

\_\_\_\_ Sent Home

\_\_\_\_ Sent to Hospital

\_\_\_\_ Name of Hospital:

Time:

Method of Transport:

\_\_\_\_ Ambulance

\_\_\_\_ Private Transportation

\_\_\_\_ Refused Treatment

#### PHYSICIAN INSTRUCTIONS / CLEARENCE REQUIRMENTS

Name of Parent/ Guardian:

Signature:

Name of USFL representative: