

Phoenix Boxing Club

We are very pleased to welcome you to Phoenix Boxing Club. In order to join, please fill out this form and hand it back to any of the club coaches. We will use this information to ensure that you are kept informed about club information and events. If you are under 16, please also ask a parent or guardian to sign the form before it is returned.

About you

Name:

Mobile:

Email Address:

Home Phone:

Date of Birth:

Address:

Postcode:

Boxing information

Have you boxed before? **Yes** **No**

If so, please indicate where:

School Boxing club Local authority coaching session Other (please specify)

Medical information and emergency contacts

Please give any important medical information that we should be aware of (epilepsy, asthma, etc):

Who should be contacted in event of an incident/accident? (Parent/spouse/carer/etc.)

..... **Name:**

..... **Phone:**

..... **Relationship:**

Ethnicity (Optional)

<u>White</u>	<u>Mixed</u>	<u>Asian/Asian British</u>	<u>Black/Black British</u>
British	White/Black Caribbean	Indian	Carribbean
Irish	White & Asian	Pakistani	African
Other (specify)	White & Black African	Chinese	Other (specify)

Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with ‘a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’. Note: Boxing is a special type of sport whereby it is not suitable or possible to be made safe for everyone to take part and therefore ABAE Rules over-ride any disability discrimination regulations.

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of your disability?

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Boxing Training Disclaimer (Senior)

I understand that participation in the above named activities could include actions or tasks which might be hazardous to me. I agree to train under the instruction of Phoenix Boxing Club Coaches, which includes the correct and safe use of equipment. I assume any risk of harm or injury which might occur to me in my participation in the activity. I release Phoenix Boxing Club from all liability, costs and damages which might arise from my participation in the above named activity.

Signature: Date:

Boxing Training Disclaimer and Parental Consent (Junior)

I, being the parent /guardian of _____ have read the information contained on this form and hereby consent to him/her taking part in boxing activity sessions and understand and agree that he/she participates in boxing sessions under the instruction of ABAE qualified coaches entirely at his/her own risk. I have considered the nature of such sessions and have discussed them with him/her. I am satisfied that he/she is sufficiently responsible and competent to assume responsibility for his/her safety under the supervision of an ABAE qualified coach. I confirm that he/she does not have any medical disability or medical condition (not disclosed overleaf) that could affect his/her ability to participate safely in boxing sessions.

By returning this completed form, I agree to my son/daughter/child in my care taking part in the

Activities of the club:

- I understand that I will be kept informed of these activities – for example timings and transport details.**
- I understand in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.**
- I have viewed and understand the Club Child Protection Policy (A copy can be viewed on our website).**
- I understand that the club will comply with the ABAE Child Protection Policy and Procedures including changing room, anti bullying, travel, photography or video recording policies.**
- In view of these policies I do not accept* / accept* that he/she can be photographed or filmed For coaching or club promotional purposes. (*delete as appropriate).**

I agree that my child has my consent to participate in Boxing/Training activities. I further provide my consent for Phoenix Boxing Club to seek emergency treatment for my child if necessary; I agree to accept financial responsibility for any subsequent costs related to this treatment.

Parent/guardian’s signature: Date: