



DISCLAIMER AND CONSENT FORM

Name:

(Please Print)

Phoenix Boxing Eastbourne

142 Langney Road, Eastbourne, East Sussex BN22 8AQ

Telephone: 07754 748384

Email: info@phoenixboxingeastbourne.com

www.phoenixboxingeastbourne.com

Phoenix Boxing Club Eastbourne

We are very pleased to welcome you to the Phoenix Boxing Club. In order to join, please fill out this form and hand it in to reception. Please note that we only use this information to ensure the safety and safeguarding of our staff and boxers.

If you're under 16 then you will need a parent or guardian to sign the Consent & Disclaimer form before you can take part.

About you (the person who is taking part)

Name:

Mobile

Address:

Email:

.....

Home phone:

.....

Date of birth:

.....

Age:

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/friend/partner/carer/etc).

..... Name1 :..... Name2:.....

..... Phone1:..... Phone2:.....

..... Relationship:..... Relationship:.....

Ethnicity (Optional)

White	Mixed	Asian/Asian British	Black/Black British
British	White/Black Caribbean	Indian	Caribbean
Irish	White & Asian	Pakistani	African
Welsh	White & Black African	Chinese	Other (specify)
Scottish	Other (specify)	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 England Boxing 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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Data Protection

Please be aware that we **do not** and **never will** share your information with any third parties. We **do not** store your data electronically and we **do not** put you on any mailing lists. We only keep the data that you provide us with for the safety and safeguarding of our staff and boxers. We may on occasion use stats related to the information that you provide for obtaining funds and grants, **but never** will we divulge any personal details.

Boxing Training Disclaimer and Parental Consent for under 16's

I understand that participation in the sport of boxing could include actions or tasks which might be hazardous. This agreement is to train with Phoenix Boxing Club Eastbourne under the instruction of their England Boxing qualified coaches which includes the correct and safe use of the gym equipment. I agree to release Phoenix Boxing Club Eastbourne from all liability of risk, harm or injury which might occur in the participation of the activity. I also release Phoenix Boxing Club Eastbourne from all liability, costs and damages which might arise from participation in the above named activity.

I have read and understood the information contained on this form and have hereby given consent to the taking part of boxing sessions with Phoenix Boxing Club Eastbourne. I have considered the nature of such sessions and can confirm that there is not any medical disability nor medical condition (not disclosed overleaf) that would have a detrimental effect to being able to participate safely in these boxing sessions.

I understand that in the event of injury or illness all reasonable steps will be taken to contact the named person(s) on this form, and to deal with that injury or illness appropriately. I further provide consent for Phoenix Boxing Club Eastbourne to seek emergency treatment if necessary and in the event that the emergency contact(s) cannot be reached then Phoenix Boxing Eastbourne may assume responsibility and give consent for any operations or medical procedures. I agree to accept financial responsibility for any subsequent costs related to this treatment.

I have viewed and understand the Phoenix Boxing Club Eastbourne, child protection policies and I understand that the club and I will comply fully with the England Boxing Child Protection Policy and procedures. This includes their policies on anti bullying, travel, photography and video film recording and I will abide by their codes of conduct.

Copies of these policies can be viewed at the gym or on our website.

In view of these policies I accept* / do not accept* the use of photography or video film for coaching or club promotional purposes. (*delete as appropriate).

Participant's (or if Under 16) Parent/Guardian's name and signature:

NAME:

SIGNATURE:

Date: