

WATERLOO REGIONAL BOXING ACADEMY REGISTRATION FORM

(Please Print)

| Today's Date: ___ / ___ / _____ | | | Year: 2010/2011 | | Junior _____ | Senior _____ |
|--|--|----------------------------|-----------------|---------|--------------------|--|
| ATHLETE INFORMATION | | | | | | |
| Last name: | | First: | | Middle: | | Birth date: _____ / _____ / _____ |
| | | | | | | Age: _____ |
| | | | | | | Sex: <input type="checkbox"/> M <input type="checkbox"/> F |
| Street address: | | | City: | | Province: | |
| | | | | | Postal Code: _____ | |
| Home phone no.: () () | | Cell phone no.: () () | | | Email: _____ | |
| Medical Conditions/Concerns (Asthma, Blood Pressure Etc.): _____ | | | | | | |

| IN CASE OF EMERGENCY | | | |
|--|--|--------------------------|----------------------------|
| Name: | | Relationship to Athlete: | Home phone no.: () () |
| | | | Work phone no.: () () |
| LEGAL GUARDIAN (REQUIRED IF PARTICIPANT IS UNDER THE AGE OF 18 YEARS) | | | |
| Last name: | | First: | Relationship to Athlete: |
| | | | Home phone no.: () () |
| | | | Work phone no.: () () |

| WAIVER | | |
|--|------|------------------|
| <p>I, _____ desire to participate in the sport of Boxing. I understand that this sport involves physical contact between competitors, and I accept the risks associated with participation. I have no known medical conditions, which prohibit participation in this sport. I agree to hold harmless and release The Waterloo Regional Boxing Academy and their coaches from legal liability resulting from any injuries sustained during participation in these activities.</p> <p>I understand The Waterloo Regional Boxing Academy can not be responsible for loss and/or damage to my personal possessions.</p> <p>I give permission for my photograph to be used in future promotions.</p> <p>I have carefully read this agreement and fully understand its contents.</p> | | |
| DATED this ___ of _____, 200__ In the City of Kitchener | | |
| Print Name: | Age: | Signature: _____ |

| LEGAL GUARDIAN (REQUIRED IF PARTICIPANT IS UNDER THE AGE OF 18 YEARS) | | |
|---|------|------------------|
| <p>I, _____ am the parent and/or the Legal Guardian of the above named participant. I have read the above agreement and fully understand its contents. I consent to the above-named individual's participation in boxing.</p> | | |
| Print Name: | Age: | Signature: _____ |