

# BOXER APPLICATION



Complete the form below sign up for membership  
LOVE ABC Amateur Boxing Club

Applicants Name:

ID No :  
(office use)

Date :



## PERSONAL INFORMATION

Full Name

Nickname

Date of birth

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D D M M Y Y

AGE

Gender

 Male  Female  Other

Email

Phone Number



## ADDRESS

Full Address

Post Code

MEMBERSHIP CATEGORY :

Cubs/ Junior  
4-8 yrs

Development  
8-13 yrs

Senior,  
Boxers &  
Carded

ADULT  
FITNESS

THANK YOU FOR YOUR INFORMATION

## BOXING EXPERIENCE

Have you practiced boxing before?

YES

NO

If Yes, please provide details of your boxing experience (number of years, previous clubs/gyms, achievements wins losses etc)

## MEDICAL INFORMATION

Do you have any pre-existing medical conditions that may affect your participation in boxing?

YES

NO

If Yes, please provide details of any medical conditions, allergies or injuries we should be aware of, including genetic conditions from family members such as heart issues

## EMERGENCY CONTACT

Emergency Contact Name:

Relationship to Applicant:

Emergency Contact Phone:

## DECLARATION

By signing this document I hereby declare that all the information provided in this application form is true and accurate to the best of my knowledge. I understand that any false statements or omissions may result in the termination of my membership with Love ABC Amateur Boxing Club. I have provided medical clearance if applicable and have signed the club waiver before participating in any boxing activities, including but not limited to sparring and boxing shows and events.

Signature of boxer  
or parent/guardian if under 16 years

Date:

Notes or Comments (optional)

**Assumption of Risk:**

I, the undersigned participant, acknowledge that participating in boxing training and related activities at Love ABC Amateur Boxing Club involves inherent risks, including but not limited to physical injury, illness, or property damage. I understand that these risks cannot be completely eliminated, even with the implementation of safety precautions.

**Waiver of Liability:**

In consideration of being allowed to participate in the boxing activities provided by Love ABC Amateur Boxing Club, I hereby waive, release, and discharge Love ABC Amateur Boxing Club, its owners, instructors, trainers, employees, and any affiliated parties from any and all liability for any injuries, damages, losses, or claims arising from or in connection with my participation in boxing training or related activities.

I understand and agree that this waiver of liability includes, but is not limited to, any claims arising from the negligence of [Boxing Gym Name] or its staff, equipment malfunction, or any other actions or omissions related to the boxing training.

**Medical Condition and Fitness:**

I certify that I am in good health and physical condition and have no medical conditions that would prevent me from safely participating in boxing training. I understand the importance of informing the boxing gym of any changes in my health or fitness that may affect my ability to participate in the activities.

I acknowledge that Love ABC Amateur Boxing Club is not responsible for evaluating my medical condition or determining my fitness level, and it is my sole responsibility to consult with a medical professional regarding any concerns or questions about my health and fitness.

**Photo and Video Release:**

I grant Love ABC Amateur Boxing Club the permission to capture and use photographs or videos of me during my participation in boxing training for promotional or educational purposes. I understand that these images may be used in various media channels, including but not limited to websites, social media, newsletters, and print materials.

I hereby waive any right to inspect or approve the final products using my images and acknowledge that I will not receive any compensation or royalties for their use.

I have read this waiver form carefully and understand its contents. I voluntarily agree to its terms and intend to be legally bound by it.

Signature of boxer  
or parent/guardian if under 16  
years

Date: