

# BOXKING ACADEMY

## REFERRAL FORM



Complete the form below sign up for membership of AJ BoxKing Academy & Alternative Provision Services and membership to associated boxing gym

Associated BoxKing Academy approved Boxing Club

Applicants Name:

ID No :  
(office use)

Date :



### YOUNG PERSON INFORMATION

Full Name

Nickname

Date of birth

 /  /   
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

## REFERRAL INFORMATION

### Referring Organisation / School

Please enter full name of organisation / school and address

### Referrers Contact Name

Please provide full name

### Referrers Position / Title

Please provide position as authority to refer young person in your care

### Referrers Phone Number

Please enter full name

### Referrers Email Address

Please enter full name

## REASON FOR REFERRAL

Please provide an explanation of why this young person is being referred to our boxing academy

Are there any specific goals or objectives for this young person's involvement in the boxing academy? Please provide as much detail as possible: (use additional sheet if necessary)

## REASON FOR REFERRAL CONTD

Does the young person have any prior experience in boxing or any other combat sports? (Yes/No)  
If yes, please provide details of their previous experience: (please also add further details to boxer info pages)

Are there any specific medical or behavioural considerations that we should be aware of? (Yes/No)

If yes, please provide details of medical conditions, allergies or behavioural considerations.

## EMERGENCY CONTACT

Emergency Contact Name:

Relationship to Young  
Person

Emergency Contact Phone:

## REFERRAL DECLARATION

I, [Enter name \_\_\_\_\_], hereby declare that the information provided in this referral form is true and accurate to the best of my knowledge.

I understand that this referral does not guarantee the young person's acceptance into the AJ BoxKing academy.

Signature of referrer

Date:

Please complete this referral form and submit it to the boxing academy administration.

We recommend that you read the literature regarding AJ BoxKing to assess suitability of referring your young person to us.

Once received, our team will review the information provided and contact the young person and their carers for further discussions and assessments.

Thank you for your referral!

## INFORMATION REQUIRED FOR ASSOCIATED BOXING CLUB

### 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 AJ BoxKing Academies and associated boxing clubs 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 AJ BoxKing Academies and associated boxing clubs, I hereby waive, release, and discharge AJ BoxKing Academies and associated boxing clubs, 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 AJ BoxKing Academies and associated boxing clubs 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 AJ BoxKing Academies and associated boxing clubs 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 AJ BoxKing Academies and associated boxing clubs 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.

**Alternative Provision students identity will be preserved.**

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: