

ISLINGTON

BOXING CLUB

Recreational Boxing

Application for Membership 2017

Please complete application clearly in Block Capitals.

First Name:..... Surname:.....

Date of birth:.....

Please Circle

Male - Female

Adult - Student
(Student ID required)

New Member - Renewing Membership - Non-Member

Address:.....

Postcode:..... Telephone:.....

Emergency Contact number:..... (Must be supplied)

Email:.....

ISLINGTON BOXING CLUB RECREATIONAL BOXING SECTION - 2017

Does the proposed associated member have any serious medical conditions that may affect him/her in participating in boxing training? **Yes / No** If yes, please supply details:

I have read and fully understand the rules and regulations of Islington Boxing Club that are posted in the club premises and agree to abide by them at all times. I know that failure to do so could result in my registration being cancelled. If I personally decide to partake in supervised contact boxing it is completely at my own risk. My signature appears below to clarify this statement. I am also aware that my registration makes me only an associated member of Islington Boxing club with no voting rights.

- Under NO circumstances will there be any refunds on membership fees.
- I understand that membership to the club is for a *calendar* year only regardless of first date of registration and is due for renewal in January 2018.

Signed.....

If applicant is under 17 this section to be completed by Parent/Guardian

I am aware and accept the England Boxing Child Protection Policy. A copy of this policy is displayed around the club building.

Signed:.....

Date:.....

Parent or Guardian of applicant (if under 17 years old)

I as the parent / guardian, give permission for my child to participate in Recreational Boxing and is fit to do so in my opinion. If my child partakes in supervised contact boxing it is done completely at his/her own risk.