## BOXING CLUB COMPETITIVE BOXING SQUAD AMATEUR POYING SECTION 2019:

MATEUR BOXING SECTION - 2019: Please complete all the fields below in legible handwriting and mark one character per square, letters in CAPTIALS. **First Name: Surname:** Date of Birth: **Please Circle** Male Junior (U16) **Female** Senior Address: Postcode: **Telephone:** (Must be supplied) **Emergency Contact Number: Email:** ISLINGTON BOXING CLUB – COMPETITIVE BOXING SQUAD 2019 Does the proposed associated member have any serious medical conditions that may affect him/her in participating in boxing training? 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. 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. As in any other sport in which full contact occurs, there can be a risk of injury to the participants. You can be assured that every precaution is taken by the club/coaches to minimise these risks, but you must understand it can happen and is unavoidable, as it is part of the contact that the sport offers. By signing this form, you agree that any injury that occurs due to the nature of the contact sport is entirely at your own risk. l agree that any photography/filming produced by the club or an agreed third party which has been approved by the management of Islington Boxing Club can be used by IBC or by those given permission by us for any PR/Media or Social Media content to promote this club's activities. 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 2020. I agree to the club being able to use my personal details for their own use only and agree to possible mailshots/information that the club may need to send to their users, members and supporters. This information should be stored under Data Protection rules and not shared to third parties. Signed **Date** If applicant is under 17 this section to be completed by Parent/Guardian If signing for a person under the age of 17, I as the Parent/Guardian, give permission for my child to participate in Competitive Amateur Boxing and is fit to do so in my opinion. If my child partakes in contact boxing it is done completely at his/her own risk. I am aware and accept the England Boxing Child Protection Policy. A Copy of this is displayed around the club building. **Signed Date** 

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