

JACK COSTELLO BOXING CLUB



MEMBERSHIP APPLICATION

_____	_____	New Member	<input type="checkbox"/>	
Application Date	Administrator Initials	Renewal	<input type="checkbox"/>	
_____	_____	_____	_____	_____
Last Name	First Name	Middle Initial	Date of Birth	Age
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Street Address	_____	U.S. Citizen:	Yes	No
_____	_____	Naturalized Citizen	Yes	No
_____	_____	Permanent Resident	Yes	No
City, State, Zip	_____	Birth Country:	_____	_____
_____	_____	_____	_____	_____
Email	Home Phone	_____	Cell Number	_____
_____	_____	_____	_____	_____
Height: _____	Weight: _____	Eyes: _____	Hair: _____	Male: _____ Female: _____
Have you ever competed professionally?	___ Yes ___ No	Previous Record: Won _____	Lost _____	_____

Release and Waiver

In consideration of membership granted me or my son/daughter by United States Amateur Boxing Inc.,(USA Boxing) to participate in amateur boxing during my or his/her tenure as an amateur boxer, I, the undersigned, waive and release any and all rights that I, my heirs, executors, administrators, or assignees for all personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of the above described sports activities.

If I observe any unusual, significant rule violations or hazards during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

I, the undersigned, fully understand and appreciate that participation in sports activities carries a risk to me or serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize, accept, and assume the risk.

I, the undersigned, have read this Release/Waiver and understand all its terms and conditions. I execute it voluntarily and with full knowledge of its significance.

I, understand in consideration for membership with Jack Costello Boxing Club, I hereby permit and authorize Jack Costello Boxing Club, and its employees, agents and representatives who are acting on behalf of Jack Costello Boxing Club to use my likeness and/or name in any photograph, image, video, motion picture, performance or sound recording for purposes related to its mission including advertising, publicizing or marketing its gym and programs or for any other commercial or lawful purpose, and to use and license others to use it for such purposes, without any compensation to me.

FEMALE BOXERS ONLY: I certify that I am not pregnant or have any painful pelvic discomfort such as systematic endometriosis or other causes, abnormal vaginal bleeding of undetermined causes (etiology), recent loss of menstrual period (secondary amenorrhea), recently developed breast mass, resent breast dysfunction previously not present or surgical breast implants, and have read section 101.9 (4) of USA Boxing's official rules pertaining to my present physical condition. I further agree that i will immediately notify my coach/club official if any of the above described conditions develop/apply. INITIAL _____

I agree to pay membership dues in the amount posted by the Jack Costello Boxing Club on time by the 5th day of each month or my membership WILL expired with no refunds.

Signed: _____ Date: _____
Participants Full Name

Signed: _____ Date: _____
* Parent or Guardian

*REQUIRED IF ATHLETE IS UNDER LEGAL AGE (18 YEARS)

