

BUMBLE BEE BOXING GYM

BOXER'S INFORMATION

First Name: _____ Last: _____ MI: ____ Sex: M F

Birth date: _____

Home Address: _____

Apt. # _____ City, State, ZIP: _____

Language Spoken at Home: _____

Race / Ethnicity [**please circle the applicant's primary race / ethnicity**]

African American American Indian / Alaska Native Asian / Pacific Islander

Caucasian Latino Other: _____

(If under 18) Applicant qualifies for free or reduced lunch at school Yes No

Applicant's Current Grade: ____ School: _____

PARENT OR GUARDIANS INFORMATION (IF UNDER 18)

Parent or Guardian's Name

First: _____ Last: _____ MI: _____

Relationship to Child: _____ E-mail Address: _____

Street Address: _____

Apt. # _____ City, State, ZIP: _____

Home Phone: _____ Alternate: _____ Work: _____

2nd Parent or Guardian's Name

First: _____ Last: _____ MI: _____

Home Phone: _____ Alternate: _____ Work: _____

EMERGENCY CONTACT (other than parent/guardian listed above)

Emergency Contact Name: _____ Relationship to Applicant: _____

Street Address: _____

Apt. # _____ City, State, ZIP: _____

Home Phone: _____ Alternate: _____ Work: _____

MEDICAL & PICK UP INFO

Preferred Health care Facility & Doctor _____

Telephone _____

Medication Currently Taking: _____

Other Information: _____

Please list person(s) authorized to pick up applicant if under 18: _____

REFERENCES – 2 PEOPLE WHO CAN SPEAK ABOUT YOUR EXPERIENCE & CHARACTER:

Name: _____ Phone: _____

Name: _____ Phone: _____

HAVE YOU HAD PREVIOUS BOXING EXPERIENCE? YES NO

IF YES, HOW MUCH? YEARS: _____ MONTHS: _____

PLEASE COMPLETE OTHER SIDE

BUMBLE BEE BOXING CLUB

WAIVER/RELEASE AGREEMENT

I understand that there are risks and dangers inherent in participating and/or receiving instruction in Boxing and/or in use of the fitness equipment in the weight room. I also understand that in order to be allowed to participate and/or receive instruction in Boxing and/or in use of the fitness equipment in the weight room. I must give up my rights to hold Bumble Bee Boxing Inc. and Seattle's Union Gospel Mission liable for any injury or damage which I may suffer while participating and/or receiving for any injury or damage which I may suffer while participating and/or receiving instruction in Boxing and/or in the use of the fitness equipment in the weight room.

Knowing this, and in consideration of being permitted to participate and/or receive instruction in Boxing and/or in use of the fitness equipment in the weight room. I hereby voluntarily release Bumble Bee Boxing Inc. and Seattle's Union Gospel Mission from any and all liability resulting from or arising out of my participation and/or receipt of instruction in Boxing and in use of the fitness equipment in the weight room.

I understand and agree that I am releasing not only the entities set forth in the paragraph above, but also the officers, agents, and employees of those entities.

I understand and agree that this Waiver/Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation and/or receipt of instruction in Boxing and/or in use of the fitness equipment in the weight room, except for the acts or omissions of Bumble Bee Boxing Inc. and Seattle's Union Gospel Mission, its officers, agents or employees which are found to be negligent by a court of competent jurisdiction.

I understand and agree that this Waiver/Release applies to personal injury, property damage, or wrongful death which I may suffer, even if caused by the acts or omissions of others.

I understand and agree that by signing this Waiver/Release. I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me while participating and/or receiving instruction in Boxing and/or in use of the fitness equipment in the weight room.

I understand and agree that this Waiver/Release will be binding on me, my spouse

PARENT/GUARDIAN SIGNATURE (IF UNDER 18)

APPLICANT'S SIGNATURE

DATE