



We are very pleased to welcome you to Guildford City Boxing Club. In order to join, please fill out this form and hand it back to any of the club coaches. We will use this information to ensure that you are kept informed about club information and events. If you are under 18, please also ask a parent or guardian to sign this form before it is returned to us.

**About you**

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Name: .....	Mobile: .....
Address: .....	Email: .....
.....	Home phone: .....
Postcode: .....	Date of birth: .....

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**Boxing information**

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Have you boxed before?       Yes       No

If so, please indicate where:

School     Boxing club     Local authority coaching session     Other (please specify)

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**Medical information and emergency contacts**

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Please give any important medical information that we should be aware of (epilepsy, asthma, etc):	Who should be contacted in event of an incident or accident? (Parent/spouse/etc.):
.....	Name: .....
.....	Phone: .....
.....	Relationship: .....

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**Fees**

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Each session is chargeable according to your age. Current session costs are published on [www.guildfordcityboxingclub.com](http://www.guildfordcityboxingclub.com)

Membership of the Guildford City Boxing Club also attracts an annual fee. Membership runs from September each year. The membership fee will still be payable should you join part-way through a membership year. These costs are also available on [www.guildfordcityboxingclub.com](http://www.guildfordcityboxingclub.com)

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**Boxing Training Disclaimer (Adult – 18+)**

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I understand that participation in the above named activities could include actions or tasks which might be hazardous to me. I agree to train under the instruction of Guildford City Boxing Club Coaches, which includes the correct and safe use of equipment. I assume any risk of harm or injury which might occur to me in my participation in the activity. I release Guildford City Boxing Club from all liability, costs and damages which might arise from my participation in the above named activity.

Signature: ..... Date: .....

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**Boxing Training Disclaimer and Parental Consent (Junior – Under 18)**

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I, being the parent /guardian of \_\_\_\_\_ have read the information contained on this form and hereby consent to him/her taking part in boxing activity sessions and understand and agree that he/she participates in boxing sessions under the instruction of ABAE qualified coaches entirely at his/her own risk. I have considered the nature of such sessions and have discussed them with him/her. I am satisfied that he/she is sufficiently responsible and competent to assume responsibility for his/her safety under the supervision of an ABAE qualified coach. I confirm that he/she does not have any medical disability or medical condition (not disclosed overleaf) that could affect his/her ability to participate safely in boxing sessions.

By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club:

- I understand that I will be kept informed of these activities – for example timings and transport details.
- I understand in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.
- I have viewed and understand the Club Child Protection Policy (A copy can be viewed at [www.guildfordcityboxingclub.com](http://www.guildfordcityboxingclub.com)).
- I understand that the club will comply with the ABAE Child Protection Policy and Procedures including changing room, anti bullying, travel, photography or video recording policies.
- In view of these policies I do not accept\* / accept\* that he/she can be photographed or filmed for coaching or club promotional purposes. (\*delete as appropriate).

I agree that my child has my consent to participate in Boxing/Training activities. I further provide my consent for Guildford City Boxing Club to seek emergency treatment for my child if necessary; I agree to accept financial responsibility for any subsequent costs related to this treatment.

Parent/guardian’s signature: ..... Date: .....

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