

First Impact Registration Form

Campbell River Boxing Club

September 8, 2025-May 29, 2026



Name: _____ **Birthdate:** _____

Contact: Phone # _____ **Age:** _____

Email: _____

Address: _____

Nation: _____ **Live on/off reserve:** YES ☐ NO ☐

Session Day (Monday, Wednesday, Friday 7-8pm): _____

Allergies: _____

Emergency Contact Info: Name: _____

Phone # _____

Family Dr: _____ **BC Health Number:** _____

PHOTO RELEASE

***Permission is granted for CR Boxing to take and use photos/videos of the participant: YES ☐ NO ☐**

PARENTAL CONSENTS

I consent to my child's participation in the program. I am aware that there are risks associated with participation in the program, including the risk of injury, and I consent to my child's participation despite all risks. I acknowledge that it is my responsibility to CR Boxing representative of any medical or other conditions that may affect my child's

participation in the program PRIOR to the start of the program. If my child requires medical attention, I consent to my child being transported to the nearest emergency centre, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulance service.

I have read this Parental Consent Form and understand and accept its terms.

Name (Print)

Date

Signature