



**ST KITTS & NEVIS FRIENDLY ASSOCIATION  
KINGFISHER YOUTH & COMMUNITY CENTRE  
CREST ROAD, NEASDEN, LONDON, NW2 7LG  
TELEPHONE 020 8452 2170**



**2020-2021**

## **SKNFA NEASDEN BOXING CLUB APPLICATION FOR MEMBERSHIP**

### **Conditions for membership**

- Membership Cards must be produced on every visit to the club.
  - Members are expected to take active interest in the affairs of the club.
  - Membership may be withdrawn if, in the opinion of management, the behaviour of the member is detrimental to the well-being of the club.
  - The Club/management will not be responsible for failure to disclose any illness or medical condition, which may affect the individuals training in any way.
  - Any illness or medical conditional disclosed will be treated with confidentiality and a decision will be made by the club/management as to the acceptance or refusal of membership
  - The club is not responsible for any personal belongings
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### **ANNUAL MEMBERSHIP AND SESSION CHARGES**

#### **Annual membership as follows:**

£40 – Those 16 and Over

£25 – Those 16 and Under

#### **Session charges**

Juniors Class = £3

Competitive Boxer Class = £5

Recreational Keep Fit Class = £7

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#### **Personal details:**

#### **Membership no:**

**Full name:** .....

**Date of Birth: (day/month/year):** .....

**Gender:**    Male    Female (circle as appropriate)

**Address:**

.....

.....

..... **Postcode:** .....

**Telephone contact:**

**Home:** .....

**Mobile:** .....

**Work:** .....

**E-mail:** .....



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Medical information/individual needs:

Next of Kin details:

Full names:	Contact 1	Contact 2
Relationship to You:		
Home address:		
Postcode:		
Home telephone:		
Work telephone:		
Mobile:		

Name of Doctor: .....

Doctor's surgery and address: .....  
.....

Postcode: .....

Doctor's telephone number: .....

Known medical conditions, allergies, special dietary and health needs:

☐ Yes

☐ No

If yes, please give details: .....

Details of any medication being used: .....  
.....



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To the best of your knowledge have you been in contact with any contagious or infectious diseases, or suffered anything that may be, or become contagious or infectious?

☐ Yes

☐ No

If yes, please give details: .....

Any other relevant information we should be aware of?

.....

I undertake to inform the Manager of Neasden Boxing Club as soon as possible of any change in medical and/or any other relevant circumstances.

**Signed:** ..... **Date:** .....

While every attempt will be made to contact you there may be a situation when it is deemed necessary to administer basic first aid (of which a written record will be kept) and in an emergency call the emergency services. Please sign below giving your consent to Neasden Boxing Club taking such action in your absence:

I (print name) ..... give my consent to Neasden Boxing Club to administer basic first aid (of which a written record will be kept).

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

I (print name) ..... give my consent to Neasden Boxing Club to signing any written form or consent required by hospital authorities, including anesthetic, if the delay in getting my signature is considered by the medical practitioner in attendance to endanger my child's health and safety.

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



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**Photographs and videos:**

The issue of safety is taken very seriously at Neasden Boxing Club. This includes the use of images of participants. These may be used for display/training purposes within the club.

Including images of participants in Neasden Boxing Club publications and on the Neasden Boxing Club website can be motivating for the participants involved. However, Neasden Boxing Club has a duty of care towards its participants, which means that participants must remain unidentifiable, reducing the risk of inappropriate contact, if images are used in this way.

We ask that consent to Neasden Boxing Club taking and using photographs and images. Any use of participant images at Neasden Boxing Club is underpinned by the club policy of Neasden Boxing Club which has been devised by committee.

We will never include the full name of the Participants alongside an image.

**Permission for Photographs and Digital Images**

I consent to photographs and digital images appearing in Neasden Boxing Club printed publications or on the Neasden Boxing Club website. I understand that the images will be used only for promotional purposes and that the identity of my child will be protected.

- ☐ I give permission for myself to be photographed
- ☐ I give permission for myself to be videoed.
- ☐ I give permission for photograph/video to be placed on Neasden Boxing Club website.
- ☐ On receipt of specific information and a separate consent for each promotional activity, I give permission for my photograph/video to be considered for external promotional activities at Neasden Boxing Club.

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



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**Ethnicity:**

**Asian**

- ☐ Asian/Asian British
- ☐ Indian
- ☐ Bangladeshi
- ☐ Pakistani
- ☐ Any other Asian background (Specify if you wish)

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**Oriental Asian**

- ☐ Chinese
- ☐ Korean
- ☐ Filipino
- ☐ Japanese
- ☐ Any other Oriental Asian background

.....

**White**

- ☐ White
- ☐ Any other White background

.....

**Black**

- ☐ African
- ☐ Caribbean
- ☐ Any other Black background

.....

**Mixed Ethnic Background**

- ☐ Black and White
- ☐ Asian and White
- ☐ Black and Asian
- ☐ Any Mixed Background

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