



USA Boxing Hold Harmless Waiver

In consideration for being allowed to participate in boxing activities at Valencia Boxing, I hereby acknowledge that such activities (and the gathering of people in public generally) include many risks, known and unknown, and that I hereby accept and assume all risks associated with such activities. I further agree to hold USA Boxing, its member, affiliates, agents, LBCs, directors, employees, volunteers, and other persons associated with USA Boxing Harmless from and release them of any liability whatsoever for any and all claims, demands, damages and causes of action of any nature whatsoever related to my participation in those activities.

Printed Name: _____.

Signature: _____.

Date: _____.

Parent/Guardian Name: _____.

Parent/Guardian Signature: _____.

This form must be filled out in its entirety without modification or participation will be denied

Participant Information

Participants Name

Street Address: Apt/Unit

Gender

Birth Date

Telephone

City, State, Zip Code

Email Address

School (if student)

Grade (if Student)

Age

Weight

Height

Emergency Information

Primary Contact

Name

Participants Physician/Hospital Name

Emergency Contact Phone

Secondary Contact

Name

Emergency Contact Phone

Medical History

Food Allergies

Medication Allergies

Agreement to Participate

I hereby give permission for my child to participate in Valencia Boxing activities, including swimming and field trips. I fully assume all responsibility for injuries she/he may receive or articles lost while participating in these activities or while in travel to or from said activities and field trips, and hereby release Valencia Boxing and its employees, coaches and volunteers from liability for any injury I or my child may sustain.

I hereby Grant permission to Valencia Boxing for the use of any and all photos in which I or my child may appear(wards of the state excluded). The usage is inclusive of but not limited to, the publication or inclusion in brochures, posters, catalogs, handbooks, banners, and broadcast or print advertisements. I agree to waive any claim to compensation for use of said photos.

I understand that this form will be due the first day of class or the child will not be allowed to participate in any Valencia Boxing activities.

I have read the agreement to participate and agree to all information contained in the above participant (parent/legal guardian of participant under the age of 18) agreement and have filled out the emergency information completely.

_____.
Signature of parent or legal guardian(if participant is under 18 years of age).

Date

Parental Guardian Agreement

Name

Relationship to Child

Child May walk home unescorted at time of dismissal? _____.
Y

_____.
N

Signature of Participant (Parent or Guardian if under 18 years)

Date

Coaches Signature

Date

My Commitment to Valencia Boxing

Please initial next to each commitment

- I agree to respect others and expect respect in return
- I agree to welcome assistance from others and accept constructive feedback
- I agree to act on opportunities and to help others
- I agree to greet everyone upon arrival
- I agree to listen to instructor (another student or coach) when they speak
- I agree to walk into the gym with my shoulders back, head held high, and a positive attitude
- I agree to to put in 100% effort and encourage others to do the same
- I agree to work independently or with a partner
- I agree to always use a mouthpiece while exchanging punches with another student
- I agree to always wear a mouthpiece and headgear while sparring
- I agree to challenge myself in order to improve
- I agree to seek assistance from other students as well as coach to advance my skills
- I agree to continue focusing on my studies (schoolwork) while being a part of Valencia Boxing
- I agree to manage my time so that I can complete my responsibilities before practice
- I agree to meet with coach for **ANY** academic assistance
- I agree that my word is my bond and is my commitment to a task is valuable

We care about your goals!

What do you want to gain from your experience with Valencia Boxing?

Place a check next to your interests:

- | | | |
|---|---|--|
| <input type="checkbox"/> Competing | <input type="checkbox"/> Meeting New People | <input type="checkbox"/> Weight Loss |
| <input type="checkbox"/> Staying in Shape | <input type="checkbox"/> Volunteering | <input type="checkbox"/> Boxing Events |

Student Signature

Date

Coach Signature

Date

Parent Signature

Date

WELCOME TO VALENCIA BOXING!