



Agenda/ AIM Training

The Youth Boxing fitness camp (BoxFit) has three primary agenda for the camp. First is having a safe and health atmosphere where the youth can be inspired to exercise. In addition, this also allows the kids to find a new way to channel their own emotions and energy towards something constructive. Secondly the program is to inspire and cultivate an interest in boxing as well as fitness overall. Our third but most important goal is to encourage the highest level of confidence out of every child in our program!

Program Details:

Location: TBD

Ages: 7-17

EMERGENCY CONTACT INFORMATION

CHILD'S INFORMATION

First/Last Name: _____

Nickname: _____ Birthday/Age: _____

Home Address: _____

Home Phone: _____ E-mail: _____

PARENT /GAUARDIAN CONTACT INFORMATION

1. Parent/Guardian: _____

First/Last Name: _____

Home Phone: _____ Cell: _____

2. Parent/Guardian: _____

First/Last Name: _____

Home Phone: _____ Cell: _____

MEDICAL OR SPECIAL CARE INFORMATION

My child has the following medical conditions and allergies:

My child takes the following prescription medications:

My child needs the following medical treatment or care:



LIABILITY WAIVER

Please read carefully before submitting form.

I (parent/guardian) _____ agree, to being aware of my Child _____ own health and physical condition, and having knowledge that his/her participation in any exercise program may be injurious to his/her health, I am voluntarily allowing my child participating in physical activity with Boxing&Brawling Boxfit Program.

Having such knowledge, I hereby release Boxing&Brawling Boxfit Program, from liability for accidental injury or illness, which I may incur as a result of participating in the said physical activity. I hereby assume all risks connected therewith and consent to participate in said program.

I agree to disclose any physical limitations, disabilities, ailments, or impairments that may affect my childs ability to participate in said fitness program.

Please initial box in agreement to the above liability waiver *

_____ I Agree

I give consent for my children participate in supervised sparing, that will be monitored by coaches.

_____ (Initial)

I do not consent for my child to participate in supervised sparing, an opt for instructional physical training exercises only.

_____ (Initial)

Parent/Guardian Signature

Date

PHOTO/VIDEO RELEASE FORM

I hereby give permission for images of my child, captured during BOXING & BRAWLING BOXFIT through video, photo and digital camera, to be used solely for the purposes of Boxing & Brawling LLC/ Boxfit promotional material and publications, and waive any rights of compensation or ownership thereto.

Name of Participant (please

print): _____

Age: _____

Name of Parent/Guardian (please print):

Parent/Guardian's Signature:

Date:
