



✓ Getting Started Check List

Name: _____

Step 1. USA Boxing

- Join USA Boxing Go to teamusa.org and register as an Athlete member under Michigan Golden Gloves Association
- Get a Physical and bring proof of completion with you
- Provide proof of identity – Copy of birth certificate, State ID/ Drivers License

Step 2. Join MGGGA St Mary's Boxing Gym

- Fill out Application and sign (if under 18 parent or guardian signature will be required)
- Pay your gym membership fee
- Complete orientation – Go through training schedule, meet coaches and get needed supplies

**THIS CHECK LIST MUST BE COMPLETED PRIOR TO
WORKING OUT AT THIS GYM. NO EXCEPTIONS!**



MEMBERSHIP FEES

*All gym dues are due on January 1st and are good for the calendar year. If you sign up in November or later your dues will count towards the coming year.

MGGA St Mary's gym fees are separate from USA Boxing. We do not collect any USA Boxing at the gym.

Annual membership dues for Participant 18 and older - \$100

Annual membership dues for Participants 17 and under - \$60

*Payment plans can be worked out for those unable to pay all at once. Talk to a coach or administrator for details.

*Dues must be paid in full prior to competing.

MGGA St Mary's Gym is located at 526 Broadway NW Grand Rapids MI 49504

Complete everything on the checklist then come to the gym to turn in the paperwork and pay the membership dues.

GYM SCHEDULE - Monday – Thursday 6pm – 8pm

Training sessions are run by the COACHES

All of our Coaches are registered with USA Boxing and are present during all training sessions.



Training Center Membership Application

Sponsored by The Michigan Golden Gloves Association Inc.

Last Name: _____ First Name _____ Middle Initial _____ Date of Birth _____ Age _____

Address _____ U.S. Citizen: Yes No

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Male Female

Height: _____ Weight: _____ Eyes: _____ Hair: _____ SR JO Master Previous Record Won: _____ Lost: _____

HAVE YOU EVER COMPETED PROFESSIONALLY? Yes No

RELEASE AND WAIVER

I hereby, for myself, my heirs, executors, administrators and assigns in consideration for the acceptance of this application, waive and release any and all rights to any claim for damages I may or might have against MICHIGAN GOLDEN GLOVES ASSOCIATION, INC. (M.G.G.), United States Amateur Boxing, Inc. (USA Boxing), Michigan Association of USA Boxing (M.USA Boxing) their or its sponsors, directors, officers, sub-committees, agents, representatives, and assigns for any injury or injuries suffered by me during my participation in the activities to which this form applies, or arising from traveling to, and returning from such activities. I fully understand that this sport activity has inherent risks involved, but fully waive rights, claims, cause of action, etc., as heretofore enumerated and do hereby assume the risk.

I hereby authorize competent medical physician(s) to furnish such emergency medical and surgical treatment including anesthesia to me as considered necessary and proper in the treatment of myself. It is also understood that this same authorization be granted to the hospital of the physician's choice should it be deemed necessary that I should receive treatment at the hospital.

I understand and agree that medical or other services rendered to me by or at the instance of any of the named parties is not a waiver by any of said parties of any right or rights herein.

I certify that I am in good physical condition, that I have had no head injuries or other injuries or illnesses that I have sustained which may reoccur and be detrimental to my participation in the activities to which this form applies.

I agree to comply with all M.G.G., USA Boxing and M.USA Boxing rules and policies and I understand that M.G.G. reserves the right to reject any person who does not comply with said rules and policies.

I understand that if joining this center as an amateur boxer I must register as an athlete member of USA Boxing and that insurance coverage provided with USA Boxing membership is secondary coverage only.

Date: _____
_____ (participant)

_____ (witness)

SIGNATURE OF PARENT OR GUARDIAN REQUIRED IF PARTICIPANT IS UNDER LEGAL AGE OF 18

I, The undersigned have read this waiver/agreement and understand and consent to all its terms and conditions. I execute it voluntarily and with full knowledge of its significance.

Date: _____
_____ (parent or guardian)

_____ (witness)



Address: 6460 28th street SE Grand Rapids 49546

Hours: · 8AM- 6PM Everyday

Phone: (616) 591.5995

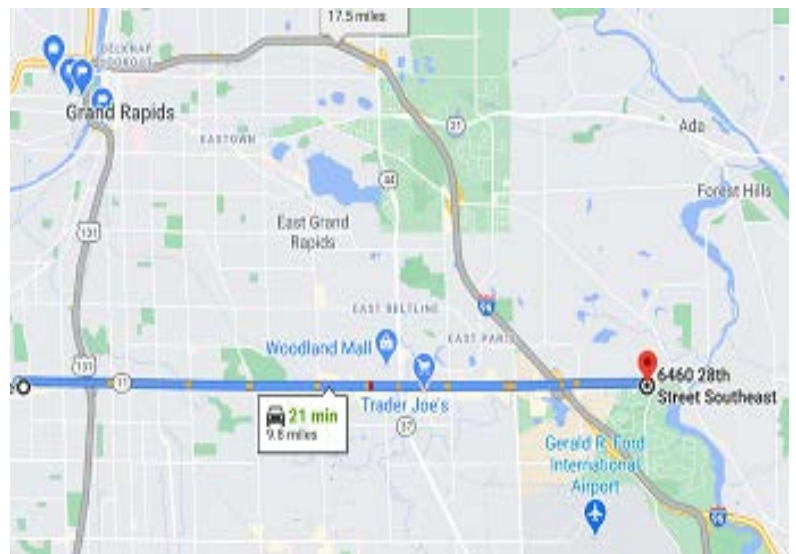
UPON ARRIVAL - call the WellCare phone number as ALL registrations for physicals (triage) are done over the phone PRIOR to entering the WellCare building.

wellcareurgentcare.com

Walk in Sports Physicals

\$25 for 17 and under

\$52 for 18 and up



Wellcare Urgent Care

6460 28th St SE, Grand Rapids, MI 49546

616.591.5995