



GETTING STARTED CHECK LIST

MGGA St Mary's Boxing Gym is a Non Profit Gym sponsored by the Michigan Golden Gloves Association Inc. with the mission of training young men and woman to compete in the Golden Gloves Tournament as well as other amateur boxing events.

Please complete the following check list to get started:

Name: _____

STEP 1: Become a Registered Member of USA Boxing

USA Boxing is the organization that sanctions all Amateur boxing matches and participants in the United States. By becoming a member you will be able to work out in our gym and compete in the sport of Amateur Boxing when it is time if you choose to do so.

- To join USA Boxing, go online to <https://www.teamusa.org/USA-Boxing/Membership/Registration> and follow instructions to register as an athlete member under the Michigan Golden Gloves Association Inc. boxing club.
- Get a physical and bring proof of completion with you.
- Provide proof of identity by bringing a copy of your birth certificate, State ID/Driver's License.

STEP 2: Join MGGA St. Mary's Boxing Gym

- Fill out and sign the Training Center Membership Application Form. (If under 18 years of age, a parent or guardian's signature will be required on the form)
- Pay the gym membership fee
- Complete orientation (go through training schedule, meet coaches and get needed supplies, etc.)

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



GYM MEMBERSHIP FEES

All gym membership fees are due by January 1st and are good for the calendar year. If you sign up in November or later, your dues will count towards the upcoming year.

Memberships expire yearly on December 31st where renewal fees are required by January 1st.

- Annual membership fees/dues for new and current participating athletes - \$100
- Membership fees/dues must be paid in full prior to the start of training.

GYM LOCATION	GYM CONTACTS
<p>MGGG St. Mary's Gym/Activity Center 526 Broadway NW Grand Rapids, MI 49504</p> <p>Entrance to gym is located on southwest corner of the building (Broadway & Second St. NW)</p>	<p>Larry Nicholson (906) 869-3092 ljandsjnicholson@yahoo.com</p> <p>Hernan Campos (616) 375-4795</p> <p>Dave Packer (616) 784-0862 michgg@aol.com</p>
GYM HOURS OF OPERATION	<p>All training sessions are run by the coaches.</p> <p>All of the coaches are registered with USA Boxing and are present during all training sessions.</p>

WHAT'S NEXT?

- Complete all steps on the Getting Started Check List
- Bring completed forms/paperwork/membership dues to MGGG St. Mary's Gym and see an available Coach
- Membership Dues will be required prior to the start of training



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 a 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: 8:00 A.M. – 6:00 P.M. - 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.

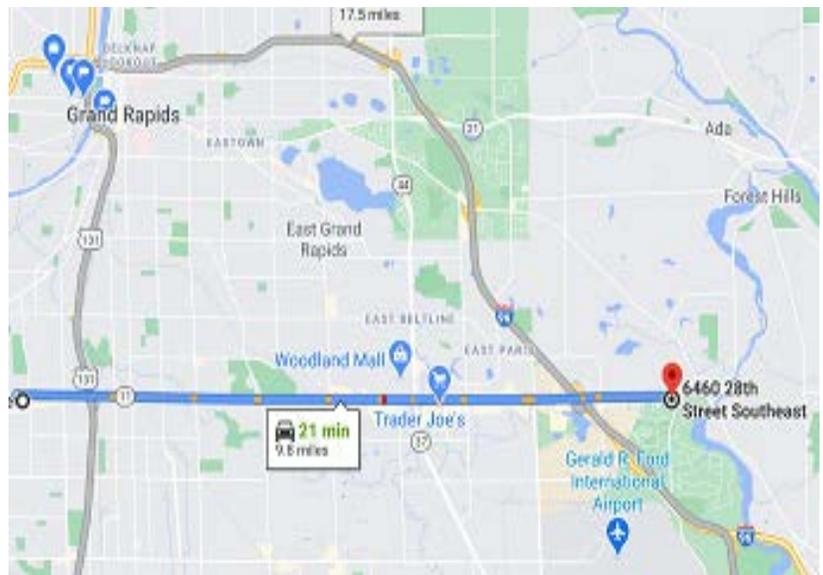
wellcareurgentcare.com

Walk-in Sports Physicals

\$25 for 17 and under

\$52 for 18 and up

Map Location →



Wellcare Urgent Care

6460 28th St SE, Grand Rapids, MI 49546

616.591.5995