



Adult 2009 Membership Application and Waiver form

(Please PRINT clearly & legibly)

Name _____
(Given Name) (Surname)

Address _____ City _____ Province: ON

Postal Code: _____ Email Address _____

Club Name _____ Citizenship _____

New Applicant <input type="checkbox"/> Renewal <input type="checkbox"/>	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth ____/____/____ <small>Day Month Year</small>	Amateur Bouts _____ Wins _____
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Previous involvement in professional boxing or any combat sport: No Yes
 If yes, please explain: _____
 Kickboxing /Combat Sports: Bouts _____ Wins _____

Please check the category and special instructions where applicable:

Category	DOB	Cost	√	Payment enclosed
Senior/Elite +	1990 and earlier	\$50.00	<input type="checkbox"/>	Chq <input type="checkbox"/> MO <input type="checkbox"/> Credit Card <input type="checkbox"/> Club Credit <input type="checkbox"/> Amount: \$ _____ Credit Card Type Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Credit Card Number _____ Expiry Date _____ Signature _____
Coach **	NCCP# _____ Level _____	\$50.00	<input type="checkbox"/>	
Official **	Level _____ RJ <input type="checkbox"/> or J <input type="checkbox"/>	\$50.00	<input type="checkbox"/>	
Replacement Passport/Sticker		\$10.00	<input type="checkbox"/>	
Dual Membership (2 or more membership types)		\$75.00	<input type="checkbox"/>	
Courier		\$25.00	<input type="checkbox"/>	
Fast Track		\$10.00	<input type="checkbox"/>	
Date Membership is Required for Fast Track and Courier ____/____/____ <small>Day Month</small>				

FOR OFFICE USE ONLY
 PRC Coaching Cert. Officials Cert. Payment _____ Type _____ CC Auth _____
 Chq # _____ BO Account # _____ FTB Medical Attached Date ____/____/____ Weight _____
Day Month Year

+ Medical required **Criminal Reference Check and Vulnerable Sector Check required

Please Note: Regular Memberships take approximately three weeks to be processed (providing proper paperwork and payment is included). **FAST TRACK Memberships with COURIER** takes approximately one week to be processed (providing proper paperwork and payment is included). Both processing times are estimated from the time membership applications are received at the Boxing Ontario office.

CONSENT FOR USE OF PERSONAL INFORMATION AND PHOTO RELEASE

I, the participant and/or parent/guardian, authorize Boxing Canada and Boxing Ontario to collect and use personal information about me or my child/ward for the purpose of receiving communications from Boxing Canada and Boxing Ontario and posting articles of interest, newsletters, promotions, statistics, images and results on Boxing Canada and Boxing Ontario's website.

Furthermore, I, the participant and/or parent/guardian, grant permission to Boxing Canada and Boxing Ontario to photograph and/or record my or my child/ward's image and/or voice on still or motion picture film and/or audio tape, and to use this material to promote Boxing Canada and Boxing Ontario through the media of newsletters, websites, television, film, radio, print and/or display form. I understand that the audio/visual material and copyright will remain the sole property of Boxing Canada and Boxing Ontario and I waive any claim to remuneration for use of audio/visual materials used for these purposes.

I understand that I may withdraw such consent at any time by contacting Boxing Canada's and/or Boxing Ontario's Privacy Officer. The Privacy Officer will advise the implications of such withdrawal. We do not sell or distribute your personal information to any other third party not listed herein.*

Signature _____ Date _____

Please **MAIL COMPLETED** forms (including Membership, Waiver Form, Medical, and PRC where applicable) and payment to:
 Boxing Ontario, 1185 Eglinton Avenue East, Toronto, ON M3C 3C6. **(FAXES/EMAILS WILL NOT BE ACCEPTED)**

BOXING ONTARIO
RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT
(FOR THOSE 18 YEARS OF AGE AND OLDER)

By signing this document you will waive certain legal rights, including the right to sue. Please read carefully.

This is a binding legal agreement. As a Participant in the competitions, programs, activities and events of the Canadian Amateur Boxing Association, Boxing Ontario and the undersigned acknowledges and agrees to the following terms:

Description of Risks

1. In consideration of my participation in the competitions, programs, activities and events of the Canadian Amateur Boxing Association and Boxing Ontario, I hereby acknowledge that I am aware of the risks and hazards associated with or related to any such competitions, programs, activities and events. The risks and hazards include, but are not limited to, injuries from:
 - a) Physical contact with the instructor, students or other participants;
 - b) Striking students, participants, objects or equipment ;
 - c) Being struck by the instructor, students, participants, objects or equipment;
 - d) Contact, colliding, falling or being struck by other participants, spectators or equipment;
 - e) Executing strenuous and demanding physical techniques;
 - f) Vigorous physical exertion, strenuous cardiovascular workouts, rapid movements and quick turns and stops;
 - g) Exerting and stretching various muscle groups;
 - h) Dry land training including weights, running, circuit training and massage;
 - i) Extreme weather and temperature conditions which may result in heatstroke, sunstroke or hypothermia;
 - j) Falling or colliding with the ring, walls, stands, equipment or with other participants;
 - k) Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
 - l) Spinal cord injuries which may render me permanently paralyzed;
 - m) Travel to and from competitive events and associated non-competitive events which are an integral part of Boxing Ontario's competitions, programs, activities, and events.

2. Furthermore, I am aware:
 - a) That injuries sustained can be severe;
 - b) That I may experience anxiety while challenging myself during the activities, events and programs;
 - c) That I may come into close contact with other participants;
 - d) That my risk of injury is reduced if I follow all rules established for participation; and
 - e) That my risk of injury increases as I become fatigued.

Release of Liability and Disclaimer

3. In consideration of the Canadian Amateur Boxing Association and Boxing Ontario allowing me to participate, I agree:
 - a) That my physical condition has been verified by a medical doctor within the last six (6) months;
 - b) To assume all risks arising out of, associated with or related to my participation and am fully aware of the nature of these risks;
 - c) To be solely responsible for any injury, loss or damage that I might sustain while participating; and
 - d) To **RELEASE** and **DISCHARGE** the Canadian Amateur Boxing Association and Boxing Ontario collectively its respective directors, officers, committee members, clubs, members, employees, coaches, volunteers, officials, judges, participants, agents and representatives from any and all liability, for any and all claims, demands, actions, judgments, executions and costs that might arise out of my participating , even though any such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by any manner whatsoever, including but not limited to, the negligence of the Canadian Amateur Boxing Association or Boxing Ontario.

Acknowledgement

4. I acknowledge that I have read and understand this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

Name of Participant (Please Print)

Signature of Participant

Date