



Gym: Lakeview Plaza,
874 Ward Street,
Bridgenorth, Ont
705-296-BEL-0

Mailing: 408 Gifford Drive, RR#2 Ennismore, Ont,
KOL 1T0 705-292-6767 (home) 705-292-5911 (fax)
705-768-0327 (cell)

Member Application Waiver

LAST NAME: FIRST NAME: INITIAL or SECOND NAME: Today's Date:

-

Your Age Now: Date of Birth (Month-Day-Year): Weight: Male or Female:

-

Address (street, R.R.# etc): (City, town): (Postal Code):

-

Phone numbers we can reach you at: e-mail address:

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Doctor: Doctor's Phone Number: Healthcard #

-

Contact Name and Phone Number (In Case of Emergency):

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Agreement between applicant and **BEL Boxing Club**: There is a potential risk in training and participating in any sport, and we at **BEL Boxing Club** strive to create a safe environment. **BEL Boxing Club** and **Boxing Ontario** have established rules for participation and conduct. Proper conduct in or about our premises, and abroad when traveling to and from events and competitions must be followed. Failure to observe these rules and regulations may result in the instant termination of the applicant's privilege to be a member of this club, the use of the clubs equipment and the use of the coaching staff.

The applicant hereby releases and forever discharges **BEL Boxing Club**, its officers, instructors, members and authorized, from any and all actions, causes of actions, claims, and demands whatsoever for damage, loss or injury howsoever arising which may hereafter be sustained by the above applicant in consequence of their membership with **BEL Boxing Club**, and also agree that **BEL Boxing Club** and it's members and staff shall not be responsible for any loss or theft of personal property howsoever caused. I agree to follow the rules and regulations set out by **BEL Boxing Club** and **Boxing Ontario**.

I give the coaches authorization to seek medical attention if needed.

X

Signature of Athlete

Date

Parent Signature (if under 18)

Dues Paid - date / Membership: Rec / Full / Boxercise / Entered in: Members List - Dues List