

Office Use Only

Application Date ____/____/____

Expiration Date ____/____/____



Membership Fee \$35.00

M/S Fee Paid: Y ____ N ____

Scholarship: _____

All personal information will be kept confidential and is used strictly for the safety of your child and in statistical reports necessary for fi

Note: Application must be filled out completely in order for membership to be valid.

MEMBERSHIP APPLICATION

MEMBER INFORMATION (PLEASE PRINT)

Child's Name (First Middle Initial Last)	Cell Number:
Mailing Address (Street, or PO Box, City, State, Zip Code)	Age:
Race/Ethnicity: Black White Hispanic Asian Native American Pacific Islander Other	Gender: M / F
School:	Teacher:
Any health or allergy information we should know?	

ADDITIONAL MEMBER INFORMATION (PLEASE PRINT)

Child's Name (First Middle Initial Last)	Cell Number:
Mailing Address (Street, or PO Box, City, State, Zip Code)	Age:
Race/Ethnicity: Black White Hispanic Asian Native American Pacific Islander Other	Gender: M / F
School:	Teacher:
Any health or allergy information we should know?	

ADDITIONAL MEMBER INFORMATION (PLEASE PRINT)

Child's Name (First Middle Initial Last)	Cell Number:
Mailing Address (Street, or PO Box, City, State, Zip Code)	Age:
Race/Ethnicity: Black White Hispanic Asian Native American Pacific Islander Other	Gender: M / F
School:	Teacher:
Any health or allergy information we should know?	

IDENTIFYING INFORMATION (PLEASE PRINT)

Parent/Legal Guardian (First Middle Initial Last)	Home Number:
Mailing Address (Street, or PO Box, City, State, Zip Code)	Cell Number:
Employed At:	Work Number:
Parent/Legal Guardian (First Middle Initial Last)	Home Number:
Mailing Address (Street, or PO Box, City, State, Zip Code)	Cell Number:
Employed At:	Work Number:
Monthly Household Income (Take-home) \$ _____	
Member Lives With: ____ Both Parents ____ Mother ____ Father ____ Grandparents ____ Other Number in Household ____	

EMERGENCY CONTACTS (PLEASE PRINT)

Name-Other Than Parent(S) Or Doctor (First Middle Initial Last)	Telephone Number:
Address (Street, City, State, Zip Code)	Relationship to Child:

Name-Other Than Parent(S) Or Doctor (First Middle Initial Last)	Telephone Number:
Address (Street, City, State, Zip Code)	Relationship to Child:

MEMBER MEDICAL INFORMATION (PLEASE PRINT)

Insurance Company:	Insurance Policy Number:
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If your child(ren) does not have health insurance may we contact you? Yes No

AGREEMENTS

_____ I hereby give my permission for my child to become a member of Casper Boxing Club.

_____ I give my permission for my child to be assigned a mentor.

_____ I understand that Casper Boxing Club has an open door policy and that the Casper Boxing Club is not responsible for the time or manner in which my child may arrive or leave the Club. I understand that for safety of our families, members will not be allowed to wait outside of the building.

_____ I understand that if my child is left at the facility after closing I will be charged \$5 late fee for every ten minutes thereafter (starting with the first minute). I also understand that if my child is left more than 45 minutes after closing that the Club will contact proper authorities.

_____ I understand that Casper Boxing Club is not responsible for lost or stolen items. Please do not bring valuable items.

_____ I understand that if my child is ill, he/she can not attend Casper Boxing Club.

_____ I hereby give my permission to Casper Boxing Club to secure proper treatment (including surgery) for my child. I understand that in case of emergency, a responsible effort will be made to contact me.

_____ I understand that my child must be at least 8 years old to attend regular programming of Casper Boxing Club. I understand

_____ I give my permission to Casper Boxing Club to collect information online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with CBC staff, funders, and other community stakeholders to evidence program effectiveness and/or CBC impact on members.

_____ I understand that my child may receive snacks and/or meals at CBC.

_____ In consideration of being allowed to participate in any way in the program, related events, and activities, I understand, acknowledge, appreciate and agree that:

1. The risk of injury from activities involved in the program is significant, including the potential for paralysis or death.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, even if arising from the negligence of Casper Boxing Club, its officers, officials, agents and/or employees other participants, sponsors, advisors and if applicable, owners and leasers of premises used to conduct the event ("releases"). And assume full responsibility for my child's participation.
3. I willingly agree to comply with the terms and conditions for participation. If I observe any unusual significant hazard during my child's presence or participation, I will remove my child from participation and bring such tot eh attention of the nearest employee immediately.
4. I, for myself and on my behalf or my heirs, assigns, personal representatives and next of kin, HEARBY RELEASE, INDEMNIFY AND HOLD HARMLESS Casper Boxing Club, its officers, agents, and/or employees, other participants, sponsors advertisers, and if applicable, owners and leasers of premises used to conduct the event ("releases"), from any and all claims, demands, losses, and liability arising our of or related to any injury, disability, or death my child may suffer or loss or damage to person or property, weather arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.

_____ I agree that photographs, pictures, slides, movies, video, or other media coverage of my child may be taken in connection with their participation in the activity without compensation from Casper Boxing Club and the officers, employees, sponsors, lessees, or lessors, and agents of each of them and consent to use the photographs, pictures, slides, movies slides, movies, videos, or other media coverage for any legal purpose.

Parent/Guardian Signature _____ Date: _____

I promise to respect myself, respect others and respect Casper Boxing Club.

Member Signature(s) _____

This institution Casper Boxing Club is an equal opportunity provider.

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Birth Date (MM DD YY)

Grade:

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Birth Date (MM DD YY)

Grade:

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Birth Date (MM DD YY)

Grade:

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