

**Welcome to Spiders Boxing Club Inc**

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| **Personal Details** |
| **Full name** |
| **Gender** (Circle) Male Female Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Age** |  | **Date of birth** |  / /  |
| **Address** |
| **Phone Number** |
| **Email**  |
| **Emergency Contact Details** |
| **Full name**  |
| **Relationship**  |
| **Address** |
| **Telephone**  | 1st | 2nd |
| **How did you hear about Spiders Boxing Club?** (Please Circle) |
| * Friend
* Facebook
* Website
 | * PCYC
* Returning
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Which of the following would you be interested in volunteering in?** (Please Circle) |
| * Reception
* Coaching
 | * Fundraising
* Committee
 |
| **Would you be interested in providing sponsorship for Spiders Boxing Club?** (Please Circle) |
| Yes | No |

To ensure we have the correct and most current details for you, please fill out this form and

 return to a staff member at the front desk. If under 18 years old, a parent or carer

are required to sign all the relevant sections before returning the form.

|  |  |  |
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| **Do you agree to authorise Spiders Boxing Club Inc to take and use photographs, film or sound recordings of you/your child in conjunction with any wording or drawings in any Spiders Boxing Club publications, productions or presentations? Do you acknowledge that you/your child has no rights in the material?** | Yes | No |
| **Would you like to receive newsletters and updates via email?** | Yes | No |
| **If yes, please provide a suitable email address****All email addresses will remain confidential and for** **the sole use of Spiders Boxing Club Inc.** |  |
| **Do you consent to you/your child receiving text messages** **for classes/events/tournaments/cancellations?** | Yes | No |
| **If yes, please provide a suitable mobile phone number** |  |
| **Do you consent to you/your child travelling in a private vehicle to sparing or tournament events with drivers approved by the Spiders Boxing Club Committee? If you do consent it is assumed that you release Spiders Boxing Club from all liability, costs and damages which might arise from travelling in the private vehicle.**Please note: Tournaments often involve early to mid-morning weigh-ins with actual matches not starting until later that day. For this reason it may be more convenient for boxers to travel to events in private vehicles with other boxers. Family members are encouraged to attend tournaments however they will need to provide their own transport to event venues. There are usually 1-2 tournaments a month. | Yes | No |

**Permissions** (Please Circle)

**Disclaimer**

I, have read the information contained on this form, have completed and signed the relevant sections and hereby consent to **myself/my child/the child in my care** taking part in Spiders Boxing Club Inc activities.

I agree that **I/my child/the child in my care** will train under the instruction of Spiders Boxing Club Inc coaches which includes the correct and safe use of equipment.

I understand that **my/my child’s/the child in my care** participation in Spiders Boxing Club Inc activities could include actions or tasks which might be hazardous to **me/ my child’s/the child in my care**.

I assume any risk or injury which might occur to **myself/my child/the child in my care** as a result of participating in Spiders Boxing Club Inc activities and release Spiders Boxing Club Inc from all liability, costs and damages which might arise from **my/my child’s/the child in my care** participation in these activities.

Name (block letters):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(if under 18 a parent/legal guardian must sign)

|  |  |  |  |
| --- | --- | --- | --- |
| **Form Completion Date** | / /  | **Admin Signature** |  |
| **Date of Payment** | / /  | **Receipt Number** |  |
| **Accepted by Committee** | Yes | No |
| **Date of acceptance** | / /  | **President/Secretary Signature** |  |
| **Entered into database** | Date / / | Name |
| **Entered into Xero** | Date / / | Name |
| **Added to email list (Website)** | Date / / | Name |

Date: \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_

**For office use only**

**Medical Information**

|  |
| --- |
| Full Name: |
| **Previous Boxing Career** |
| **Have you/has your child** boxed before?If no go to Medical ConditionsIf yes, please provide the name of the school or previous club |  |
| Level of competition e.g. regional, state, national |  |
| Do you have any boxing qualifications?e.g. coaching, judging, referee |  |
| **Medical Conditions** |
| Are there medical conditions that we should be aware of? If no go to Past or Current Injuries | Yes | No |
| If yes, please provide detailsE.g. asthma, diabetes, epilepsy, heart condition, blood disorder, blackouts, migraines, blood pressure, allergic reactions (bee stings, penicillin) frequent blood nose |  |
| Any special care required? (please specify)e.g. no penicillin, any allergies |  |
| Are any medications being taken? |  |
| Do you/your child self-administer? | Yes | No |
| If no and **you/your child** would require a Club first aid officer to attend to you, please state the name of the medication, dosage, etc. |  |
| Please list any special dietary needs (include any food allergies) |  |
| **Past or Current Injuries** |
| Are there any past or current injuries that we should be aware of? If no go to Doctor Details | Yes | No |
| If yes, please provide details |  |
| **Doctors/Dentist Contact Details (if left blank hospital will be first option in emergencies)** |
| Name of your doctor |  |
| Name of your doctor’s surgery |  |
| Telephone number of your doctor |  |
| Name of your dentist |  |
| Name of your dental surgery |  |
| Telephone number of your dentist |  |

I, authorise the club’s trained first aid officers, where it is impracticable to communicate with me, to arrange for medical treatment, as they may deem necessary at any time during a Spiders Boxing Club activity. I accept responsibility for payment of all expenses associated with such treatment. I further authorise the use of Ambulance and/or anaesthetic by a qualified medical practitioner if in his/her judgement it is necessary.

Name (block letters) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if under 18 – parent/ legal guardian must sign)

Date: \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_