	ST. 1974				
BOXING	NG CLUB				
<u>COMPETITIVE BO</u>	XING SQUAD 2024				
	BOXING SECTION CK CAPITALS marking one character per square.				
First Name:					
Surname:					
Date of Birth:					
<u>Pleas</u>	<u>se Circle</u>				
Male - Female Ju	Iunior Competitive - Senior Competitive (*9-15 years old) (16-40 years old)				
Address:					
Postcode: Telep	phone:				
Email Address:					
Name of Emergency Contact/Next of Kin:					
Emergency/N.O.K. Contact Number:					
ISLINGTON BOXING CLUB – COMPETITIVE BOXING SQUAD 2024 Does the proposed associated member have any serious medical conditions that may affect him/her in participating in boxing training? Yes / No If yes, please supply details.					
I have read and fully understand the rules and regulations of Islington Boxing Club (IB(to do so could result in my registration being cancelled and may lead to a permanent My signature appears below to clarify this statement. I am also aware that my registra					
risks, but you must understand it can happen and is unavoidable, as it is part of the con nature of the contact sport is entirely at your/their own risk. I agree that any photography/filming produced by the club or an agreed third party whi					
 IBC/Islington Community Sports Academy or by those given permission by us for any PR I understand that under <u>NO</u> circumstances will there be any refunds on membership fee I understand that membership to the club is for a <i>calendar</i> year only regardless of first of 	ees or pre booked sessions.				
management are able to approve a requested transfer to another amateur boxing club	do wish to transfer to another club that any outstanding fees owed to IBC are paid in full before o that is affiliated to England Boxing. ree to possible mailshots/information that the club may need to send to their users, members, and				
	l with third parties. I understand that the club may need to use my details for reasons of health and				
Signed	Date				
If applicant is Under 16 this section to be completed by Paren					
If signing for a person under the age of 16, I as the Parent/Guardian, give permission for n	my child to participate in Competitive Amateur Boxing and is fit to do so in my opinion. If my child the England Boxing Child Protection Policy. A Copy of this is displayed around the club building.				
Signed	Date Date				
Parent/Guardian of applicant (if under 16 years old)					

arent/Guardian	of ap	plicant	(if under	16	vears old

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