ISLINGTON

COMMUNITY SPORTS ACADEMY

ISLINGTON COMMUNITY SPORTS ACADEMY (ICSA): COMPANY REGISTERED IN ENGLAND & WALES NO: 07844933

ACADEMY BOXING – 2025

BEGINNERS TO COMPETITIVE AMATEUR BOXING (JUNIOR ACADEMY: 10 – 15 yrs. old – SENIOR ACADEMY: 16 – 35 yrs. old)

Please complete all fields below in BLOCK CAPITALS marking one character per square.

First Name:

Surname:

Date of Birth:

Please Circle

Male - Female **Junior Academy (*10-15 yrs. old) - Senior Academy (16-35 yrs. old)**

Address:

Postcode: **Telephone:**

Email Address:

Name of Emergency Contact:

Emergency Contact Number: ***MUST BE SUPPLIED FOR ALL APPLICANTS!***

ISLINGTON COMMUNITY SPORTS ACADEMY – ACADEMY BOXING SECTION 2025

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 Community Sports Academy (ICSA) that are posted within the club premises and agree to always abide by them. I know that failure to do so could result in my registration being cancelled and may lead to a permanent ban at ICSA and Islington Boxing Club. My signature appears below to clarify this statement. I am also aware that my registration makes me only an associated member of ICSA with no voting rights.

- As in any other sport in which contact occurs, there can be a risk of injury to the participants. You can be assured that every precaution is taken by the club/coaches to minimise these risks, but you must understand it can happen and is unavoidable, as it is part of the contact that the sport offers. By signing this form, you agree that any injury that occurs due to the nature of the contact sport is entirely at your own risk.
- I agree that any photography/filming produced by the club or an agreed third party which has been approved by the management of Islington Community Sports Academy and can be used by ICSA/Islington Boxing Club or by those given permission by us for any PR/Media or social media content to promote this club's activities.
- I understand that under **NO** circumstances will there be any refunds on membership fees or pre booked sessions.
- This registration is for the Academy section only and is not transferable to other section of ICSA, an upgrade fee or dual membership fee may apply for other sections.
- I understand that the club may need to use my details for reasons of health and safety, I give my consent to this.
- I understand that membership to the club is for a *calendar* year only regardless of first date of registration and is due for renewal in January 2026.
- Please Note: Every applicant/Parent/Guardian must be aware that the Academy section of the club that you/your child is enrolling into is a competitive boxing group. The training does contain full contact boxing. These classes are aimed at those who have the ambition to go on to compete for the club in tournaments if they reach the required standards. To reach these standards will take time and no one will be rushed into competing. We only allow those who attain this level, in their coaches' opinion, to compete.
- I agree to the club being able to use my personal details for their own use only and agree to possible mailshots/information that the club may need to send to their users, members, and supporters. This information will be stored under Data Protection rules and not shared with third parties.
- Please note: No parents/guardians or any other spectators will be allowed to watch any sessions within the club unless authorised by club management.

Signed **Date**

If applicant is Under 16 this section to be completed by Parent/Guardian

If signing for a person under the age of 16, I as the Parent/Guardian, give permission for my child to participate in Full Contact Boxing and is fit to do so in my opinion. If my child partakes in contact boxing it is done completely at his/her own risk. I am aware and accept the clubs Child Protection Policy. A Copy of this is displayed around the club building.

Signed **Date**

Parent/Guardian of applicant (if under 16 years old)