

APPLICATION TO JOIN WEYMOUTH AMATEUR BOXING CLUB
WINTER SEASON 2011-2012 (Sept 2011-May 2012)

SENIORS

No..... Subscription for the **WINTER** season will be **£40.00** for all **SENIORS**
or £45.00 including set of Bag Mitts
(To Comply with Insurance Regulations Subs. Must be paid before starting training).

I, the undersigned, wish to apply for membership of the Weymouth Amateur Boxing Club, affiliated to the Western Countries Amateur Boxing Association and declare that I am a bona fide Amateur as defined below * **(I AM OVER 10 YEARS OF AGE).**

To the best of my knowledge I am not suffering from any bodily or physical defect detrimental to any training that I may undertake and agree to be governed by the Rules and Articles of the Weymouth Amateur Boxing Club.

1. Have you ever had any serious illnesses or operations or been admitted to Hospital or Clinic
2. Have you ever had Convulsions or Fits?
3. Have you ever had any head injuries or been unconscious or fractured your skull?.....
4. Are you aware of having any mental or physical problems at present, such as Hay Fever, Asthma or any Ear, Nose or Throat problems or Diabetes?
5. Are you on any Tablets or Medicines at present?
6. Do you wear glasses or contact lenses?
7. Are you deaf or do you have hearing problems?

**WEYMOUTH AMATEUR BOXING CLUB WOULD LIKE TO POINT OUT THAT
AMATEUR BOXING IS A CONTACT SPORT AND INJURIES MAY OCCUR DURING SPARRING
AND IN GENERAL TRAINING**

I wish to take part in Amateur Boxing, knowing that it is a contact sport and injuries may occur

Surname (Block Capitals)

Christian Name

Address (In Full)

Date of Birth

Weight Height

Date Signature

Contact Tel. No

Witness for Club

FOR BOYS and GIRLS UNDER 18 YEARS OF AGE THEIR PARENT OR GUARDIAN MUST SIGN BELOW
I am aware that Amateur Boxing is a contact sport and injuries may occur in sparring and general training

I have read the above conditions and hereby agree that mymay become a member of the Weymouth Amateur Boxing Club and agree to the conditions stated.

Date Signature of Parent or Guardian