

Boxing Club

Athlete Name : _____

Joining Date: _____ Training Days : Mon/Tue/Wed/Thu/Fri/Sat/Sun

Address : _____

Proof of Residence attached: Adhar Card / Driving license / Electricity Bill/ Pass port

Email ID : _____ Mobile Number : _____

Parents or Legal Caretakers Name: _____

Parent's Contact Number: _____ / _____ / _____

Parent's Email Id : _____ / _____

We as Parents / Legal Care Taker have permitted our ward _____ To join Boxing Training at our own will & risk. We indemnify the above mentioned Boxing Training Club, its Coaches & mother Association for any kind of mishap or accident during practice session.

Our ward will follow discipline and will act and practice only as per his / her coaches instruction. We also shall give first preference to her / his training Center while participating in any Boxing Tournament. We also do not have any objection on publishing her / his laurels in Boxing along with snaps in Print & Digital Media or Social Media what so ever deem fit to training center or Association.

Acceptance By : _____ x _____ x _____

Father

Mother

Boxer

Date of Parents or Legal Care takers meeting with Coach :

Coach's Name and Signature:

(For official use)

Medical Form Filled in by Family Doctor : YES / NO (By any other Doctor)

Approved By (Name & Signature) _____

Registration Number : _____