



Date: _____

Initial Membership Dues Paid _____

Richard Steele Foundation & Boxing Club

NEW MEMBER

Application

Child 1: First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (primary): _____ Email Address: _____

Date of Birth: _____ Gender: Male Female U.S. Citizen: Yes No

School: _____ Grade: _____ GPA: _____

Race: ___Native American ___Asian ___Black/African-American ___Hispanic/Latino ___Pacific Islander ___Other

Health Profile: Check all that apply ___no known disabilities

___braces ___asthma ___ADD/ADHD ___blood disorder

___glasses/contacts ___food allergies ___diabetes ___seizures

___neurological disease ___cancer ___heart issues ___hearing impairment

___infectious disease ___skin disorders ___visual impairment ___other

Child Needs: Check all that apply

___weight loss ___leadership ___mentorship ___life skills ___prevention ___anger management

___academic support (Circle: Math Reading Writing ELL High School Proficiency Exam: _____)

Child 2: First Name: _____ Last Name: _____

Date of Birth: _____ Gender: Male Female U.S. Citizen: Yes No

School: _____ Grade: _____ GPA: _____

Race: ___Native American ___Asian ___Black/African-American ___Hispanic/Latino ___Pacific Islander ___Other

Health Profile: Check all that apply ___no known disabilities

___braces ___asthma ___ADD/ADHD ___blood disorder

___glasses/contacts ___food allergies ___diabetes ___seizures

___neurological disease ___cancer ___heart issues ___hearing impairment

___infectious disease ___skin disorders ___visual impairment ___other

Child Needs: Check all that apply

weight loss leadership mentorship life skills prevention anger management
 academic support (Circle: Math Reading Writing ELL High School Proficiency Exam: _____)

Child 3: First Name: _____ Last Name: _____

Date of Birth: _____ Gender: Male Female U.S. Citizen: Yes No

School: _____ Grade: _____ GPA: _____

Race: Native American Asian Black/African-American Hispanic/Latino Pacific Islander Other

Health Profile: Check all that apply no known disabilities

braces asthma ADD/ADHD blood disorder
 glasses/contacts food allergies diabetes seizures
 neurological disease cancer heart issues hearing impairment
 infectious disease skin disorders visual impairment other

Child Needs: Check all that apply

weight loss leadership mentorship life skills prevention anger management
 academic support (Circle: Math Reading Writing ELL High School Proficiency Exam: _____)

Parent/Guardian Information: Mother Father Step-Mother Step-Father

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (primary): _____ Phone (secondary): _____

Email Address: _____

Emergency Contact Name 1: _____

Relationship: _____ Phone: _____

Emergency Contact Name 2: _____

Relationship: _____ Phone: _____

The Richard Steele Foundation & Boxing Club is a membership based facility. For the safety of our Kid Contenders, all training must be conducted by Richard Steele Boxing Club coaches. Training with private coaches is strictly prohibited.

_____ (parent initials)

Are there any other concerns, comments, suggestions? _____

Risk Assessment Waiver: I agree for myself and all applicable family member the following:

I agree to observe and obey all posted rules and warnings and further agree to follow any verbal instruction or directions given by the coaches, employees, representatives, tutors, teachers, or agents of Richard Steele Foundation and the Richard Steele Boxing Club. Failure to comply may result in dismissal from the program.

I acknowledge that boxing, work-out programs, or any sporting event is an extreme test of a person's physical and mental limits and carries with it potential for property loss, serious injury, or even death.

I fully understand that participation in these activities could involve risk of physical injury and despite safety precautions, Richard Steele Foundation & Boxing Club cannot guarantee that I and/or my child(ren) will not be injured, as all risks cannot be prevented. I acknowledge that I am and/or my child(ren) is physically capable to participate in all Richard Steele Foundation & Boxing Club related activities. Participation in additional Richard Steele Foundation programs and Richard Steele Foundation affiliate programs is optional. I agree to pay for all damages to the facilities caused by me or my family's negligent, reckless, or willful actions. Any information that is obtained is confidential and will be disclosed only with your permission.

I have read this document and understand it. I further understand that by signing this release, I voluntarily surrender certain legal rights. The undersigned parent/guardian hereby executes the foregoing waiver and release for and on behalf of the participant, and agree to indemnify and hold harmless and the persons or entities for any claims or liability assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on the behalf of the minor in the execution of the waiver and release. _____ (parent initials)

Media Release Form:

I _____, hereby authorize the Richard Steele Foundation and/or the Richard Steele Boxing Club to use, reproduce, and /or publish photographs and/or video of my child's image and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases that pertain to the Richard Steele Foundation and/or Richard Steele Boxing Club. This material may also be used for the organization and/or partnership internet websites.

Throughout the year, Richard Steele Foundation & Boxing Club conducts various activities, field trips, and events along with day workshops that support life skills and academic growth. Upon approval by management of the Richard Steele Foundation and/or Richard Steele Boxing Club, staff members and the local media will occasionally cover these events by taking photos and/or video. This includes, but not limited to: newspapers, brochures websites, broadcasts, or other media production.

I agree with the terms listed above and authorize the Richard Steele Foundation & Boxing Club permission to use, reproduction, and/or publish photographs and/or video of my child's image and/or voice without compensation.

Participant Name (Child 1)

Participant Name (Child 2)

Participant Name (Child 3)

Parent/Guardian Name (Print)

Parent/Guardian Name (Signature)

Date