

Highland Boxing Academy ABC Membership Form

We are very pleased to welcome you to the Club.

To ensure we have your correct contact details, please fill out this form and return it to the Head Coach together with your annual membership fee. Alternatively, send the completed form together with a cheque to the Secretary, HBA ABC, 9 Boarstone Place, Inverness IV2 4XS.

If you are under 17 please also ask your parents or carer to sign the form before it is returned. We will also use this information to ensure that you are kept informed about club events.

Personal details	
Name:	Home Telephone:
Address:	Mobile:
	Email:
Post Code:	Date of birth:

Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'.

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of your disability?

Visual impairment Learning disability
Hearing impairment Multiple disabilities
Physical disability Other (please specify):

(Boxing is a special type of sport whereby it is not suitable or possible to be made safe for everyone to take part and therefore Amateur Boxing Scotland Rules over-ride any disability discrimination regulations.)

Boxing information Have you boxed before? Yes No

If yes, where have you boxed: (please indicate below)

School?	Boxing Club?
Youth Club?	Other including Kick Boxing? (please specify)
Local authority coaching sessions?	

Medical information

Please detail below any important medical information that our coaches should be aware of (eg epilepsy, asthma, diabetes etc.)

Emergency contact details

Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.

Contact name e.g .spouse / parent / carer

Emergency contact number:

The undersigned states that he/she is in good physical condition and knows of no reason why he/she cannot participate in the boxing workout programme.

Signature:

Date:

For persons who have not reached the age of 17: Parental consent

I, being the parent /carer of _____ have read the information contained on this form and hereby consent to him/her taking part in boxing activity sessions and understand and agree that he/she participates in boxing sessions under the instruction of the Coaches entirely at his /her own risk. I have considered the nature of such sessions and have discussed them with him/her. I am satisfied that he/she is sufficiently responsible and competent to assume responsibility for his/her safety under the supervision of a Coach. I confirm that he/she does not have any medical disability or medical condition (not disclosed above) that could affect his/her ability to participate safely in boxing sessions.

- ⋄ By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club.
- ⋄ I understand that I will be kept informed of these activities – for example timings and transport details.
- ⋄ I understand in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

Photography

I have viewed and understand the Highland Boxing Academy ABC Child Protection Policy.

In view of these policies (please delete as appropriate *)

I do not wish* / I accept * that he /she can be photographed or filmed for coaching or Club promotional purposes.

Name of parent/carer:.....

Signature of parent/carer:Date:.....