



OFFICE USE ONLY			
SEASON	ANNUAL FEE Amount £	FORM CHECKED AND FILED BY	DATE
SUBS PAID BY MONTHLY STANDING ORDER ON:			REF:

## Membership form (part 1 of 2)

***Welcome to Banbury Boxing Club. There is a trial period of 2 sessions before you join as a member and pay the £20 annual membership fee.***

Please note this is a seasonal membership which re-news every September. The actual boxing season finishes at the end of May. June, July and August are the off-season months and the number of boxing squad classes are reduced. Our off season timetable is yet to be confirmed. We do not open on Bank Holidays!

Please fill out this form and return it to a Coach on reception before you start training. Aged 16 or under, please ask your parent or carer to sign the back of this form before it is returned. We do not pass your information on to third parties.

We ask all members to join our facebook group to stay informed and updated of any important notices, club news and events.

Junior boxer (-16)       Senior boxer (17+)       Volunteer Coach/Com

**Full Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Gender:** Male  Female

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Home telephone number:** \_\_\_\_\_

**Mobile\*** \_\_\_\_\_

**Email\*** \_\_\_\_\_

\* Neither the mobile number nor the email should be that of the child – this could make children vulnerable and we consider to be poor practice. For a child/young person these details should be those of the parent/carers.



## Membership form (part 2 of 2)

### Medical information

Please detail below any important medical information that our coaches or Welfare Officer should be aware of (e.g. 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.

### Emergency contact name & number

### Disability

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

### If yes, what is the nature of your disability?

By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club. (Boxing is a contact sport.)

I understand that I will be kept informed of these activities – for example timing 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.

By signing this form I give permission for me/my child to be photographed/filmed and the material to be used in the public arena in the context of Banbury Boxing Club.

**Name or Name of parent/carer:** \_\_\_\_\_

**Signature or Signature of parent/carer:** \_\_\_\_\_

**Date:** \_\_\_\_\_