



Watertown Area Boxing Club
146L Arsenal Street, Suite 9, Watertown, NY 13601
315-783-4980



MEMBERSHIP FORM

Notice if you are under the age of 18, you must have your parent or guardian sign this form and provide all contact information

General Information

First Name: _____ Last Name: _____
Nickname: _____ Do you prefer to be called this? Yes No
Address: _____
Phone Number: _____ E-mail: _____
Date of Birth: _____ Age: _____ Gender: _____
Height: _____ Weight: _____ Weight Class (office only): _____
Are you a student? Yes No If so, what school? _____
Are you military? Yes No

Health

Do you have any health/medical conditions or restrictions the gym should know about? Yes No

Explain: _____

Do you have asthma? Yes No If so, do you use an inhaler? Yes No

Are you on any medications that we should know about in case of emergency? Yes No

If yes, please list: _____

If so, it is the member's responsibility to bring their own inhaler, EpiPen, and/or medication for every training session and at boxing matches. If any medical changes occur during membership it is the member's responsibility to let Coach know, and to fill out a new form updating your current state of health.

Emergency Contact Information

First Emergency Contact First Name: _____ Last Name: _____

Phone Number: _____ Alternative number: _____

Relationship: _____

Second Emergency Contact First Name: _____ Last Name: _____

Phone Number: _____ Alternative number: _____

Relationship: _____

By signing you are stating all information above is correct. If you are under the age of 18, parent/guardian must sign under your name.

Member Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Watertown Area Boxing Club
146L Arsenal Street, Suite 9, Watertown, NY 13601
315-783-4980

Notice if you are under the age of 18, you must have your parent or guardian sign this form and provide all contact information

FAILURE TO PAY: Membership dues are due on the 1st of every month for the entire month. If you fail to pay membership fees for more than two weeks in a row you will not be able to train, workout, or fight until you are paid up-to-date with your gym membership payment. There are no refunds.

FIGHTING OUTSIDE OF THE GYM: Fighting outside the gym is **prohibited**. If you are caught, The Watertown Area Boxing Club reserves the right to suspend your membership temporarily or cancel your membership depending on the circumstances.

STUDENT RULES: If you are a student, and you get suspended from school, you will also be suspended from the gym until your suspension is up. If you are a student (in grade school) and are failing any curriculum classes, you will temporarily be suspended from the gym until your grades are on a passing level. Students will need a written notice from teacher stating they are passing to regain membership. If you are failing and need assistance with schoolwork, please let us know and we can try to help you.

HEALTH INFORMATION: It is up to each member to keep Coach Johnny Pepe up-to-date and fill out a new health form if any medical information changes. If we are not up-to-date, we may not be able to help you in an emergency situation with any medical needs you may have. We cannot make any member give out medical information they do not want to give. With that being said, I understand how important this information is and will not hold The Watertown Area Boxing Club or its affiliates responsible if anything happens while at the gym address listed above, at other locations sparring, and/or at boxing matches. I also give permission for Coach Pepe, any staff, volunteers, or other members to give me emergency medical treatment listed above on health section, such as an inhaler, EpiPen, medication, etc. if necessary.

DISCLAIMER OF LIABILITY/GENERAL RELEASE AND WAIVER: I understand that I have been or will be a member of The Watertown Area Boxing Club, a not-for-profit organization. As a member, I am fully aware of the dangers of boxing and training. I understand I will be doing strenuous physical activity at The Watertown Area Boxing Club's address listed above, sparring at other gyms within NYS, and/or at boxing matches. I understand and voluntarily assume the risk of personal injury when training, practicing and/or fighting. I also (if applicable) understand the risk my child is taking by practicing and/or fighting at matches under The Watertown Area Boxing Club. I hereby acknowledge and release in full and forever discharge the owner of the building/property, Jake Johnson Properties, Watertown, NY 13601, The Watertown Area Boxing Club, its Directors, Officers, Managers, Members, Employees, Volunteers, Contractors and Agents, and all other members and guests of any and all injury, liability, damages, claims, demands, and/or causes of action, whether foreseen or unforeseen, relating to or derived from any injury to myself or my child. I will not hold Coach Johnny Pepe or the rest of the staff responsible for any injury while training and boxing under The Watertown Area Boxing Club.

MEMBER AGREES TO FOLLOW CLUB RULES

Violation of these rules may be cause for suspension or cancellation of membership

By signing you are agreeing with terms listed above. If you are under the age of 18, parent/guardian must sign under your name.

Member Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Watertown Area Boxing Club
146L Arsenal Street, Suite 9, Watertown, NY 13601
315-783-4980



ABOUT ME

This section is optional. By filling out this form, you are allowing us to use any information provided by you, on our website, Facebook, and various media, etc. This information is also used to keep up-to-date with our current and new fighters

What is your main focus at the gym? (Learning to boxing, to become a better fighter/learn new techniques, to work out/keep in shape, or other) _____

Are there any goals you would like to reach while being a member? _____

Is there anything else about yourself that you would like to share with us? (Where you work, hobbies, volunteer work, etc.) _____

Would you like us to keep your record up-to-date online (on our website and Facebook) if you are boxing in matches? Yes No

What is your current record to date? _____

Do you understand that at various times, we take photos and videos of training and/or boxing matches, that may or may not be used for various media purposes? Yes No

By signing you are allowing The Watertown Area Boxing Club to use the information you provided above for various media purposes. If you are under the age of 18, parent/guardian must sign under your name.

Member Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Watertown Area Boxing Club
146L Arsenal Street, Suite 9, Watertown, NY 13601
315-783-4980



FAMILY MEMBERSHIP

First/Main Member:

First Name: _____ Last Name: _____
Member Signature or Parent/Guardian: _____ Date: _____

Second Member on Account:

First Name: _____ Last Name: _____
Member Signature or Parent/Guardian: _____ Date: _____

Third Member on Account:

First Name: _____ Last Name: _____
Member Signature or Parent/Guardian: _____ Date: _____

Fourth Member on Account:

First Name: _____ Last Name: _____
Member Signature or Parent/Guardian: _____ Date: _____

Additional Member on Account: (\$25.00 per month additional fee)

First Name: _____ Last Name: _____
Member Signature or Parent/Guardian: _____ Date: _____

By signing this form all members agree to membership waiver and all The Watertown Area Boxing Club rules and regulations. If any members within the Family Membership break the rules or fail to pay membership dues more than two weeks in a row, The Watertown Area Boxing Club reserves the right to suspend or cancel membership depending on the circumstances

Thank you for choosing The Watertown Area Boxing Club!