

Winchester Amateur Boxing Club

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:

Address:

Postcode:

Home telephone number:

Mobile:

Email:

Date of birth:

Ethnicity

In order to help the club monitor its membership please will you tick one of the following boxes to identify your ethnic group/origin.

A White British Irish Any other white background (please specify):

B Mixed White & Black Caribbean White & Asian White & Black African
Any other mixed background (please specify):

C Asian or Asian British Pakistani Indian Bangladeshi Any other Asian background (please specify):

D Black or Black British Caribbean African Any other Black background (please specify):

E Chinese or other ethnic group Chinese Any other (please specify):

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 Hearing impairment Physical disability

Learning disability Multiple disabilities

Other (please specify):

Boxing information

Have you boxed before? Yes No

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

School, Youth club, Local authority coaching session(s)
Boxing Club, Other including Kick Boxing (please specify):

Medical information

Please detail below any important medical information that our coaches/junior coordinator 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 eg spouse/parent/carer

Emergency contact number:

For junior members: 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 ABAE qualified 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 an ABAE qualified coach. I confirm that he/she does not have any medical disability or medical condition (not disclosed overleaf) 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.

I have been made aware of and I understand that the club will comply with the ABAE Child Protection Policy and Procedures including changing room, anti bullying, travel, photography or video recording policies. In view of these policies I (please delete as appropriate *) do not wish* / accept * that he/she can be photographed or filmed for coaching or club promotional purposes.

Name of parent/carer:.....

Contact tel:.....

Signature of parent/carer:.....

Date:.....

Please Use the Facebook Winchester Amateur Boxing Club website to access any updates and news and to promote Boxing in Winchester

<https://www.englishboxinginsight.com> Please register yourself as recreational boxer!