



# Watertown Area Boxing Club

146 L Arsenal St 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? \_\_\_\_\_ If so, what school? \_\_\_\_\_  
Are you military? \_\_\_\_\_

### Health

Do you have any health/medical conditions or restrictions the gym should know about?  
\_\_\_\_\_

Do you have asthma? \_\_\_\_\_ If so, do you use an inhaler? \_\_\_\_\_

Is there any medication you are on that you would like us to know about in case of emergency? Yes No If yes, what? \_\_\_\_\_

\*If so it is the member's own responsibility to bring their own Inhaler, EpiPen, and/or medicine 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 fill out a new form updating your current health state\*

### 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 parents need to sign under your signature\*

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Wavier/ Release and Hold Harmless Agreement

\*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 of payment:** If you fail to pay the gym more than three weeks in a row you will not be able to train, workout, or fight until you are up to date with your gym membership payment.

**Fighting outside of the gym.** Fighting outside the gym is prohibited. If you are caught there is a chance you could lose your membership temporarily or forever 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 the 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 all medical needs you may have. That is why it is important to keep us up to date, however we can not make any member give out medical information they do not want to give. With that I understand I am and will not hold The Watertown Area Boxing Club or it's affiliates responsible if anything happens while at the gym address listed above, at other locations sparring, and at boxing matches. I also give permission for Coach Pepe, any staff, volunteers, or 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 Boxing Clubs address listed above, sparring at other gyms within NYS, and at boxing matches. I understand and voluntarily assume the risk of personal injury when practicing and fighting. I also (if applicable) understand the risk my child is taking by practicing and fighting at matches under The Watertown Area Boxing Club. I hereby acknowledged and release in full and forever discharge the owner of the building/property, Michael J. Mitchell, 28251 NYS Rt 180, 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 the cause for suspension or cancellation of membership\*

\*By signing you are agreeing with terms listed above, if you are under the age of 18 parents need to sign under your signature\*

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## About Me

\*This section is optional, by filling this form out you are allowing us to use any information provided on our website, Facebook, media, etc. It 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) \_\_\_\_\_

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

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

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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? \_\_\_\_\_

\*By signing you are allowing The Watertown Area Boxing Club to use the information you provided above for media purposes\*

\*If you are under the age of 18 your parent or guardian needs to sign under your signature\*

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Watertown Area Boxing Club

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## Family Membership

### First/Main Member

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Additional Members on Account

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Member Signature: \_\_\_\_\_ 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 fails to pay fee more than three weeks in a row The Watertown Area Boxing Club has the right to suspend or cancel membership depending on the circumstances\*

Thank you for choosing The Watertown Area Boxing Club!