



"It's better to sweat in the Gym, than to bleed in the streets."

AUGUSTA BOXING CLUB

Augusta/Richmond County Police Athletic League
1929 Walton Way • Augusta, Georgia 30904



(706) 733-7533/Gym/Office • (706) 733-1106/Fax • Pager 240-4555 • E-mail: abclub1@comcast.net • www.augustaboxing.org

EACH PARTICIPANT IS REQUIRED TO FURNISH THE FOLLOWING ITEMS BEFORE HE IS ALLOWED TO PARTICIPATE:

- 1) ORIGINAL OR CERTIFIED COPY OF BIRTH CERTIFICATE (COPY ONLY)
- 2) COMPLETED MEDICAL FORM (IF REQUIRED BY DIRECTOR)
- 3) TWO (2) HEADSHOT PICTURES OF HIMSELF
- 4) COMPLETED BOXING APPLICATION

ALL THESE ITEMS WILL NOT BE RETURNED TO PARTICIPANT

AUGUSTA BOXING ASSOCIATION

AUGUSTA/RICHMOND COUNTY POLICE ATHLETIC LEAGUE APPLICATION

Full Name _____ Home Phone Number _____
 Address _____ Email _____
 City _____ State _____ Zip _____
 Date of Birth _____ Height _____ Weight _____ Eye Color _____ Hair Color _____
 School and Grade _____
 Medical Problems _____ If child is on medication state type _____
 Mother's Full Name _____ Email _____
 Employment _____ Work Number _____
 Father's Full Name _____ Email _____
 Employment _____ Work Number _____
 Name and Address of Insurance Company (if you have one) _____
 Name and Phone Number to call upon emergency _____

RELEASE

FOR THE CONSIDERATION OF MY PARTICIPATION AND/OR MY UNDERSIGNED CHILD'S PARTICIPATION IN ACTIVITIES OF THE AUGUSTA BOXING ASSOCIATION, THE AUGUSTA/RICHMOND COUNTY POLICE ATHLETIC LEAGUE, THE AUGUSTA BOXING CLUB AND, IF ANY, THEIR RESPECTIVE AFFILIATED ORGANIZATIONS AND RESPECTIVE SUCCESSOR ORGANIZATIONS (ALL COLLECTIVELY HEREINAFTER, INCLUDING ALL MEMBERS OF THEIR RESPECTIVE STAFFS, CALL "ABA") - THE RECEIPT AND SUFFICIENCY OF SAID CONSIDERATIONS BEING HEREBY ACKNOWLEDGE - I, THE UNDERSIGNED, HEREBY RELEASE (1) THE ABA, (2) THE AUGUSTA/RICHMOND COUNTY COMMISSION/RECREATION AND ITS SUCCESSOR ENTITIES, (3) DR. JAMES O'QUINN, AND ANY ENTITY, INDIVIDUAL OR OTHERWISE, WITH WHOM AND WHICH HE IS PROFESSIONALLY ASSOCIATED, (4) THOSE PERSONS VOLUNTEERING HELP TO THE ABA AND (5) ANY SPONSORS AIDING THE ABA, BE THEY INDIVIDUAL OR OTHERWISE, FROM ANY LIABILITY WHATSOEVER TO ME OR MY CHILD AND THROUGH ME OR MY CHILD CONCERNING ABA ACTIVITIES REGARDING (1) ANY CONTEST OR TOURNAMENT, LOCAL OR OTHERWISE, (2) TRAINING, INCLUDING BUT NOT LIMITED TO, TRANSPORTATION, FOOD AND ACTIVITY PARTICIPATION AND (3) LOCAL DAY-TO-DAY TRANSPORTATION AND ANY FOOD RECEIVED DURING SUCH TRANSPORTATION.

I SPECIFICALLY UNDERSTAND THAT THIS RELEASE IS DYNAMIC - THAT IS, THOSE REFERENCED ABOVE AS STAFF, VOLUNTEERS, SPONSORS, ETC. MAY CHANGE DURING THE PERIOD OF MY AND/OR MY CHILD'S ASSOCIATION WITH THE ABA. PROTECTED ENTITIES, AS REFERENCED ABOVE AND REGARDING THEIR RESPECTIVE PERIODS OF ASSOCIATION WITH THE ABA, SHALL REMAIN COVERED UNDER THIS RELEASE AFTER THEIR ASSOCIATION WITH THE ABA ENDS.

ADDITIONALLY, I HEREBY AUTHORIZE TOM MORAETES TO GIVE PERMISSION TO ANY PHYSICIAN OR MEDICAL FACILITY TO TREAT MY CHILD (IF I AM A PARTICIPANT'S PARENT OR GUARDIAN) OR ME (IF I AM A NON-MINOR PARTICIPANT REASONABLY DEEMED AT THE TIME INCAPABLE OR INCOMPETENT OF GIVING SUCH PERMISSION) FOR INJURY OF ILLNESS. SHOULD TOM MORAETES BE UNABLE TO TIMELY GIVE SUCH PERMISSION - DUE TO ABSENCE, INJURY OR OTHER CAUSES - I AUTHORIZE HIS DESIGNATED REPRESENTATIVE TO GIVE SUCH PERMISSION.

I CERTIFY I HAVE THE LEGAL AUTHORITY TO SIGN THIS RELEASE AND SO OBLIGATE THOSE MENTIONED.

Child's Signature _____ Date _____
 Signature of _____
 Parent or Guardian _____ Date _____

CONTRACT

I, _____, hereby agree to abide by the following conditions of the Augusta Boxing Club. Failure to do so could result in suspension or expulsion from our club, I also agree to abide by the list of "Gym" rules given to me at registration.

- (A) No drinking alcoholic beverages
 - (B) No Smoking
 - (C) No use of any drugs
 - (D) Regular attendance at school and gym or employment
 - (E) No discipline problems at school, home or gym
- School _____ Grade _____
 Child's Signature _____