

**We are very pleased to welcome you to Spiders Boxing Club**

To ensure we have the correct contact details for you, please fill out this form and give it back to the volunteer on the front desk. If under 18 parents/carer, are to sign all the relevant sections of the form before it is returned.

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| **Personal Details**  |
| Full name |  |
| Please circle  | Male | Female |
| Age  |  | Date of birth |  / /  |
| Address |  |
| Telephone  | Home  | Work | Mobile |
| Email  |  |
| **Emergency Contact Details**  |
| Full name  |  |
| Relationship  |  |
| Address  |  |
| Telephone  | Home  | Work | Mobile |
| **Previous Boxing Career**  |
| **Have you/ Has your child** boxed before? If no go to Medical Conditions  | Yes | No |
| If yes, please provide the name of the school or previous club  |  |
| Level of competition e.g. regional, state, national  |  |
| Do you have any boxing qualifications? e.g. coaching, judging, referee  |  |
| **Would you be interested in volunteering or sponsorship? Please circle: YES / NO** |
| If you are able to assist please circle below how. Admin, reception, sponsorship, donation, coaching, fundraisers, committee, Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Medical Conditions**  |
| Are there medical conditions that we should be aware of? If no go to Past or Current Injuries  | Yes | No |
| If yes, please provide details  | E.g. asthma, diabetes, epilepsy, heart condition, blood disorder, blackouts, migraines, blood pressure, allergic reactions (bee stings, penicillin) frequent blood nose |
| Any special care required? (please specify) | e.g. no penicillin, any allergies |
| Are any medications being taken? |  |  |
| Do you/your child self-administer?  | Yes | No |
| If no and **you/your child** would require a Club first aid officer to attend to you, please state the name of the medication, dosage, etc.  |  |
| Please list any special dietary needs (include any food allergies) |  |
| **Past or Current Injuries** |
| Are there any past or current injuries that we should be aware of? If no go to Doctor Details  | Yes | No |
| If yes, please provide details |  |
| **Doctors/Dentist Contact Details (if left blank hospital will be first option in emergencies)** |
| Name of your doctor  |  |
| Name of the your doctor’s surgery  |  |
| Telephone number of your doctor  |  |
| Name of your dentist |  |
| Name if the your dentist’s surgery  |  |
| Telephone number of your dentist  |  |
| **Medicare/ Medical Fund Details** |
| Medicare No: |  |

I, authorise the club’s trained first aid officers, where it is impracticable to communicate with me, to arrange for medical treatment, as they may deem necessary at any time during a Spiders Boxing Club activity. I accept responsibility for payment of all expenses associated with such treatment. I further authorise the use of Ambulance and/or anaesthetic by a qualified medical practitioner if in his/her judgement it is necessary.

Name (block letters) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if under 18 – parent/ legal guardian must sign)

Date: \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_

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| **Permission to be photographed or filmed** |
| **Please circle your response** **Do you agree to authorise Spiders Boxing Club to take and use photographs, film or sound recordings of you/your child in conjunction with any wording or drawings in any Spiders Boxing Club publications, productions or presentations? Do you acknowledge that you/ your child has no rights in the material?**  | Yes | No |
| **Name**  |  |
| **Signature**  |  |
| **Date**  |  / /  |
| **Permission to be sent the club newsletter and updates** |
| **Would you like to receive newsletters and updates via email?**  | Yes | No |
| **If yes, please provide a suitable email address** | **All email addresses will remain confidential and for the sole use of the Spiders Boxing Club.** |
| **Permission to receive text reminders**  |
| **Do you consent to you/your child receiving text message for reminders for classes /events /tournaments/or cancellations?**  | Yes | No |
| **If yes, please provide a suitable mobile phone number** |  |
| **Permission for boxers to travel in private vehicles with club approved drivers** |
| **Do you consent to you/your child travelling in a private vehicle to sparing or tournament events with drivers approved by the Spiders Boxing Club Committee? If you do consent it is assumed that you release Spiders Boxing Club from all liability, costs and damages which might arise from travelling in the private vehicle.** Please note: Tournaments often involve early to mid-morning weigh-ins with actual matches not starting till later that day. For this reason it may be more convenient for boxers to travel to events in private vehicles with other boxers. Family members are encouraged to attend tournaments however will need to provide their own transport to event venues. There are usually 1-2 tournaments a month.  | Yes | No |
| **Name**  |  |
| **Signature**  |  |
| **Date**  |  / /  |
| **How did you hear about Spiders Boxing Club?****Eg. Friend, Facebook, Website, PCYC****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Disclaimer**

I, have read the information contained on this form, have completed and signed the relevant sections and hereby consent to **myself/ my child/the child in my care** taking part in Spiders Boxing Club activities.

I agree that **I/ my child/the child in my care** will train under the instruction of Spiders Boxing Club coaches which includes the correct and safe use of equipment.

I understand that **my/ my child’s/the child in my care** participation in Spiders Boxing Club activities could include actions or tasks which might be hazardous to **me/ my child’s/the child in my care**.

I assume any risk or injury which might occur to **me/my child/the child in my care** as a result of participating in Spiders Boxing Club activities and release Spiders Boxing Club from all liability, costs and damages which might arise from **my/ my child’s/ the child in my care** participation in these activities.

Name (block letters): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if under 18 a parent/ legal guardian must sign)

Date: \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_

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| **PCYC Membership form complete** |  |  |
| **PCYC Membership number** |  | Expiry |
| **Signed** | Dated |
| **Spiders membership form complete** |  |
| **Spiders Boxing Receipt Number** |  |
| **Signed** | Dated |
| **Accepted by Committee** | Yes | No |
| **Date of acceptance** |  |  |
| **Signature of President/Secretary** |  |
| **Entered to database** | Date |
| **Added to volunteer list** | Date |
| **Added to email list** | Date |
| **Are there any permissions we need to be aware of?** |  |

**For office use only**