3863 Northwood Dr.
Niagara Falls, Ont. L2H 2Y5

Membership #_____ **$10.00 + HST**

SOCIAL MEMBERSHIP APPLICATION

Fax'd copies not accepted
Print --- Do not write

Forward this completed form, after all signatures & with fee to above address.

Name_____ Date of Birth_____
First **Middle** **Last** Month Day Year

Address_____ Home Phone_____

City_____ Cell Phone_____

Postal _____ Citizenship_____ Email_____

Club Name_____ Male or Female (circle one)

All combat sports must be recorded below. Failure to disclose the exact record & to **CONTINUE to update,** if still participating, will result in discipline & possible membership loss.

Do you have any previous involvement in any combat sport? YES NO
State the sport here_____ Did you compete? YES NO
If you competed, add your sport to the listing below & record your information.

COMPETITION RECORD	Total Bouts	Wins	Losses	Exh or Draws
Amateur Boxing	_____	____	____	_____
Professional Boxing	_____	____	____	_____
Mixed Martial Arts	_____	____	____	_____
Kick Boxing	_____	____	____	_____
Muay Thai	_____	____	____	_____
_____	_____	____	____	_____
_____	_____	____	____	_____

YOU MUST READ, UNDERSTAND AND AGREE WITH THE FOLLOWING BEFORE SIGNING & REGISTRATION

Release and Waiver:

In consideration of membership and permission to participate in NON-CONTACT boxing (inclusive of hand pad work outs) granted me, my son, daughter, ward, by the Ontario Boxing Association, a not-for-profit organization, I hereby release & discharge the Ontario Boxing Association & any of its affiliates, clubs, coaches, officials, members, agents, officers, or employees from any and all claims, actions, judgments and executions which the undersigned's heirs, executors, administrators or assigns may have, or claim to have, for all personal injuries, known or unknown and injuries to property, real or personal, caused by or arising out of the participation in the sports activity of boxing. I, the undersigned fully understand that this sports activity has inherent risks involved and I am fully aware of the nature of these risks, but waive rights, claims, cause of action ect., as heretofore, and do hereby assume the risk.

I certify that I have read & fully understand and agree with the conditions of the release & waiver as written above. In witness wherefore, I have executed this release at:

_____, on the _____ day of _____, 201____
(City or Town) **(day)** **(month)**

_____ _____
Print Witnesses name Signature of **Applicant**

_____ _____
Signature of Witness of legal age **Signature of Parent or Guardian, if athlete under legal age**

Office Use:

Date received_____ Payment_____dep#_____ ID_____