



Penuel Boxing, Rotherham.

Email: penuelboxing@gmail.com, Call/Text/WhatsApp: 07773023854, penuelboxing.com

We are very pleased to welcome you to Penuel Boxing, Rotherham. In order to join, this form must be completed by a legal parent or guardian and handed back prior to the start of the first session. Please note that we only use this information for safety and safeguarding for our boxers.

About you (the person taking part)

Name: _____ Mobile: _____
Address: _____ Email: _____

Home Phone: _____

Date of Birth: _____
Post Code: _____ Age: _____

Boxing Information.

Have you Boxed before? Yes No

If so, please give details, including for how long.

Medical Information.

Please provide any important medical information that we should be aware of (Asthma, Epilepsy, injuries, etc.)

I consent to photos for social media and promotion: Yes No

Emergency Contacts.

Name 1: _____

Name 2: _____

Phone1: _____

Phone. 2: _____

Relationship: _____

Relationship: _____

Boxing Training Disclaimer and Parental Consent Form.

I understand that participation in the sport of boxing could include actions or tasks which might be hazardous. This agreement is to train with Penuel Boxing under the instruction of their qualified staff which includes correct and safe use of all equipment. I agree to release Penuel Boxing and their staff from all liability of risk, harm or injury that may occur in the participation of activities. I also release Penuel Boxing and its staff from all liability, costs and damages from participation in activities.

I have read and understood the information contained on this form and have hereby given my consent to take part in boxing sessions lead by Penuel Boxing.

I have considered the nature of such sessions and can confirm there is no medical reason or disability that would have a detrimental effect on being able to take part in the sport of boxing safely.

I understand that in the event of injury or illness all reasonable steps will be taken to contact the named person(s) on this form , and to deal with the injury or illness appropriately . I further give consent for Penuel Boxing and its staff to seek emergency treatment if necessary, in the event that the named person(s) cannot be reached with the contact details given. I agree to responsibility for any financial costs as a result of treatment.

Name of person attending: _____ Age: _____

Name of legal parent of guardian consenting: _____

Relationship to attending person: _____

Signature: _____

Date: _____