

MEMBER INFORMATION
(Under 18 Years of Age)



NAME: _____

AGE: _____ WEIGHT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

NAME OF PARENT/GUARDIAN: _____

PARENT/GUARDIAN PHONE: _____

Are there any medical conditions or considerations that we need to be made aware of :
YES / NO (please circle one)

If YES, please provide details: _____

Emergency Contact Name: _____

Phone: _____

Parent or Guardian's Acknowledgement And Agreement

The undersigned parent or guardian of _____, agrees to
WAIVE, RELEASE FROM LIABILITY, AND TO HOLD HARMLESS AND INDEMNIFY 12 ROUNDS
OF BOXING FITNESS, LLC.

The undersigned has read and freely and voluntarily signs the release and waiver of liability and
indemnity agreement, fully understands its terms, and understands he or she has given up substantial
rights by signing it.

Parent/Guardian Name (Print Name)

Parent/Guardian Signature

Date