

WESTCHESTER BOXING CLUB

220 FERRIS AVE, FIRST FLOOR
WHITE PLAINS, NEW YORK

REGISTRATION FORM

NAME:

PHONE:

MOBILE:

ADDRESS:

CITY:

STATE: ZIP:

EMAIL:

DOB: WEIGHT: HEIGHT: OCCUPATION:

HOW DID YOU HEAR ABOUT US?

HAVE YOU EVER BEEN INVOLVED IN A BOXING PROGRAM? WHERE/WHEN?

WHERE DO YOU CURRENTLY EXERCISE? HOW OFTEN?

WHAT GOALS WOULD YOU LIKE TO ACHIEVE IN THIS PROGRAM?

18 AND OVER

I accept full responsibility for my use of any and all apparatus, facility privileges or services whatsoever owned and operated by this fitness center at my own risk and shall hold this fitness center, its shareholders, directors, employees, and representatives harmless from any and all loss, damage, or liability sustained or incurred by me resulting thereof. I acknowledge the program includes boxing, all other programs are separate from this membership.

X

UNDER 18

I, the parent or guardian of:

X

do hereby permit the aforementioned to become a member of the boxing program. I take full responsibility for my child's use of any and all apparatus within the facility. I am aware of the fact that injuries may occur, and will not hold the fitness center, director, employees, or representatives liable.

X

EMERGENCY CONTACT

NAME:

NUMBER:

RELATIONSHIP:

MEDICATIONS:

X

MEMBER SIGNATURE:

DATE:

WESTCHESTERBOXINGCLUB.COM
914.329.6287