



We are very pleased to welcome you to Abingdon Town Amateur Boxing Club.

To ensure we have your correct contact details, please fill out this form and return it to any member of staff. **Please do not turn up for training unless you have completed and returned this form and received confirmation your membership has started.**

If you are under 17 please also ask your parents/guardian to sign the form before it is returned. We will also use this information to ensure that you are kept informed about club events.

Personal details

| | | |
|----------|----------------|----------------------|
| Name: | Date of Birth: | Gender: M F (circle) |
| Address: | Postcode: | |
| E-mail: | | |
| Mobile: | | |

When do you intend to train at ATABC?

Monday Tuesday – *Kidz session* Tuesday – *Female only session* Thursday

Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with ‘a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’.

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of your disability?

Visual impairment Hearing impairment Physical disability
Learning disability Multiple disabilities Other (please specify): _____

(Boxing is a special type of sport whereby it is not suitable or possible to be made safe for everyone to take part and therefore Amateur Boxing Scotland Rules over-ride any disability discrimination regulations.)

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Boxing information

Have you boxed before? Yes No

If yes, where have you boxed: (please indicate below)

School Boxing Club Youth Club

If you have participated in any previous combat sports, please provide further details:

Medical information

Please detail below any important medical information that our coaches should be aware of (eg epilepsy, asthma, diabetes etc.)

Emergency contact details

Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.

Contact name e.g .spouse / parent / carer _____

Emergency contact number: _____

The undersigned states that he/she is in good physical condition and knows of no reason why he/she cannot participate in the boxing workout programme.

Signature: _____ Date: _____

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For persons who have not reached the age of 17: Parental consent

I, being the parent /carer of _____ have read the information contained on this form and hereby consent to him/her taking part in boxing activity sessions and understand and agree that he/she participates in boxing sessions under the instruction of the Coaches entirely at his /her own risk. I have considered the nature of such sessions and have discussed them with him/her. I am satisfied that he/she is sufficiently responsible and competent to assume responsibility for his/her safety under the supervision of a Coach. I understand a low level of physical contact may occur during training sessions and I have read and understood the club safeguarding and protecting children policy. I confirm that he/she does not have any medical disability or medical condition (not disclosed above) that could affect his/her ability to participate safely in boxing sessions.

- By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club.
- I understand that I will be kept informed of these activities – for example timings and transport details.
- I understand in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

Photography

I understand Abingdon Town Amateur Boxing Club may occasionally photograph or film for coaching or Club promotional purposes.

In view of this (please delete as appropriate *)

I do not wish* / I accept * that he /she can be photographed or filmed.

Name of parent/carer: Signature: Date:

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Times and Prices

Sessions will take place every Monday, Tuesday and Thursday evening at Abingdon United Football Club, Northcourt Rd, OX14 1PL

Monday sessions

| | |
|---|--|
| Juniors (9 to 15 year olds) 5.15pm to 6.15pm | £15 membership per year / £2 per session |
| Juniors (9 to 15 year olds) 6.15pm to 7.15pm | £15 membership per year / £2 per session |
| Seniors (16+) 7.15pm to 8.45pm | £30 membership per year / £3 per session |

Tuesday sessions

| | |
|--|---|
| Kidz (5 to 8 year olds) 5pm to 5.45pm | £15 membership per year / £2 per session |
| Ladies only 6pm to 7pm | |
| Juniors (9 to 15 year olds) | £15 membership per year / £2 per session |
| Seniors (16+) | £30 membership per year / £2.50 per session |

Thursday sessions

| | |
|---|--|
| Community Groups 5.15pm to 6.15pm | Invitation only |
| Juniors (9 to 15 year olds) 6.15pm to 7.15pm | £15 membership per year / £2 per session |
| Seniors (16+) 7.15pm to 8.45pm | £30 membership per year / £3 per session |

Payment can be made by cash or bank transfer.

Account name: Abingdon Town Amateur Boxing Club

Account type: Barclays Business

Sort code: 20-01-09

Account number: 00334405

Sponsored by:

