

FEE CHARGED_____

TRIANO-ROSSI BOXING REGISTRATION FORM 2017-18



BOXER'S NAME		AGE	
PHONE NUMBER		BIRTHDATE	
ADDRESS			
PARENT 1 NAME	RELATION	PARENT 2 NAME	RELATION
WORK/CELL NUMBER		WORK/CELL NUMBER	
BEST TIME TO REACH YOU	E-MAIL ADDRE	ESS	
EMERGENCY CONTACT PERSON: (Other tha	n guardian listed abo	ve)	
NAME:PHO	NE NUMBER	RELATIONSHIP	TO CHILD
ALLERGIES/MEDICAL PROBLEMS/ SPECIAL C	CONCERNS:		
Use of the YMCA facilities and participant to a certain degree of risk of per insurer of a member's life or personal safety the member's physical condition or abilities, illness, or other conditions arising out of or Directors Officers, Agents, and Employees find I am an adult over 18 years old of CONSIDERATION of being permitted to utilized to observation or use of facilities or condersigned, for himself or herself and any represents that he or she has, or immediate facilities or the affiliated program. In additional additional management of the program of the ymcA, arising out of my participate in YMCA activities on the purpose of members and guests. I have a first of the condition of the ymcA factor of the purpose of promotion or interpreting By participating in the YMCA Nation Christian Associations of the United States of States and Puerto Rico, from claims of negli	icipation in sports or or sonal injury, illness, and injury, illness, and injury, illness, and illness, as determined by the related to the member of all claims, action age and wish to particulate the facilities, service equipment, or particulate personal representation, if give my children are proposed by the son, I give my children are precaution is taken as a line or sponsors, representation or sponsored by the averead, understand and a son sponsors, representation or sponsored by the averead, understand MCA is not responsible cilities, on YMCA prenation, photographs, for YMCA programs.	other physically demanding action and other adverse medical consigues in activities which require elemember. Every member assuer's activities on YMCA premises, or liability on account of such icipate in Naugatuck YMCA members and programs of the YMCA pation in any off-site program a property in a premission to participate in Naugatuck and care a permission to participate in Naugatuck and care a permission to participate in Naugatuck and successors from all expressly acknowledge that I, for atives, and successors from all expressly acknowledge that I, for atives, and successors from all expressly acknowledge that I, for atives, and successors from all expressly acknowledge that I, for atives, and successors from all expressly acknowledge that I, for atives, and successors from all expressly acknowledge that I, for atives, and successors from all expressly acknowledge that I, for atives, and successors from all expressly acknowledge that I, for atives, and successors from all expressly acknowledge that I, for atives, and successors from all expressly acknowledge that I, for atives, and successors from all expressly acknowledge that I, for atives, and successors from all expressly acknowledge that I, for atives, and successors from all expressly acknowledge that I, for atives, and successors from all expressly acknowledge that I, for atives, and successors from all expressly acknowledge that I, for atives, and successors from all expressly acknowledge that I, for atives, and successors from all expressly acknowledge that I, for atives, and the property is a successor from all expressly acknowledge that I, for atives, and a successor from all expressly acknowledge that I, for atives, and a successor from all expressly acknowledge that I, for atives, and a successor from all expressly acknowledge that I, for atives, and a successor from all expressly acknowledge that I, for atives, and a successor from all expressly acknowledge that I, for atives, and a successor from a line at the for ative from the formation and a	requences. The YMCA is not an a level of physical fitness exceeding times the risk of personal injury, is and releases the YMCA, it's in causes. The ship/program activities. IN for any purpose, including, but not suffiliated with the YMCA, the eby acknowledges, agrees and fully considered such premises and sugatuck YMCA activities. I pen. Therefore, in exchange for or myself, or anyone entitled to act claims or liabilities of any kind mnify and save harmless the YMCA, is authorization and release. I give my permission to the which may include my image or voice lational Council of Young Men's ember associations in the United
any liability for other claims, including loss on the YMCA conducts regular sex off the YMCA reserves the right to cancel member 1997.	ender screening on a	ll members, participants, and g	uests. If a sex offender match occurs, ation access.
PARENT/GUARDIAN SIGNATURE		DATE	
FULL PRIVELEGE MEMBER	PROGRAM	MEMBER	NON-MEMBER

DATE_____STAFF____