

WEST EDMONTON KNIGHTS BOXING CLUB

10074 - 151 STREET, EDMONTON, ALBERTA, T5P 1T3

REGISTRATION APPLICATION

Name: _____

Address: _____

City: _____ Province: _____

Phone: _____ Alternate Phone: _____

D.O.B (MM/Day/Yr): ____/____/____ Height: Ft ____ In ____ Weight Lbs: _____

SIN #: _____ Health Card Number: _____

Family Physician: _____ Phone: _____

Address: _____

RESPONSIBILITY

The "West Edmonton Knights Boxing Club" assumes no responsibility for injuries sustained, resulting directly and/or indirectly, to any member as a result of his/her participation and/or involvement in the activities of the club.

Signature of Applicant: _____ Date: _____

IF YOU ARE UNDER 18 YEARS OF AGE

To be signed by parent or legal guardian of applicant if under 18yrs of age.

"We/I hereby approve or our/my child's membership in the West Edmonton Knights Boxing Club and his/her participation in the activities thereof. We release the said club and its instructors from all liability for any injury he/she may suffer. To the best of our knowledge, he/she is not suffering from any disability which would make him/her susceptible to any injury. We undertake to notify the West Edmonton Knights Boxing Club should any such disability develop."

Signature of Parent/Guardian: _____ Date: _____