

BOXING ONTARIO/BOXING CANADA

2020 Initiation (Funbox) Membership Application and Waiver form

(Please PRINT clearly & legibly)

Please note that falsification of this application could lead to automatic rejection or discipline.

Name _____
(First Name) (Middle Name) (Surname)

Address _____ City _____ Province ON

Postal Code _____ Email Address _____ Phone _____

Citizenship _____ Club Name _____

New Applicant* <input type="checkbox"/> Renewal <input type="checkbox"/>	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth (dd/mm/yy) ____/____/____	Amateur Bouts _____ Wins _____
Coach/Owner – This area must be filled out before office can process new membership			
Previous or current involvement in amateur boxing, kickboxing or any combat sport in another Country: No <input type="checkbox"/> Yes <input type="checkbox"/>			
Previous or current involvement amateur boxing, kickboxing or any combat sport: No <input type="checkbox"/> Yes <input type="checkbox"/> #Bouts _____ #Wins _____ #KO _____ #RSCH _____			
If yes to either question, please explain: _____			
Combat Sport includes but not limited to: MMA, Muay Thai, Jiu Jitsu, Karate, Wushu, Wrestling, Judo, Taekwondo, Kickboxing, Boxing			

Category	DOB	Cost	√
Initiation	2010, 2011 or 2012	\$ 55	<input type="checkbox"/>
<i>Please check here if you are applying as part of the CHAMPS Program</i>		<input type="checkbox"/>	
Fast Track		\$10.00	<input type="checkbox"/>
Replacement Book		\$20.00	<input type="checkbox"/>

+ Medical required * Proof of age required

Date Membership is Required for Fast Track and Courier
 _____/_____/_____
 Day Month

Club Coach/Owner Sign Off
 I hear by attest that the above signee is a member of my club and that information pertaining to previous involvement in boxing, kickboxing & other combat sports whether pro or amateur offered on this form is deemed true and accurate. I have informed this potential member that Boxing Ontario coverage and insurance is valid at Boxing Ontario member clubs only and is null and void at non-Boxing Ontario member clubs.

Club Coach/Owner Signature _____

dd/mm/yy

Payment enclosed
 Chq MO Credit Card Cash **Total Amount: \$** _____

Credit Card Type Visa MasterCard

Credit Card Number _____

Expiry Date ____/____/____ **Signature** _____

FOR OFFICE USE ONLY

Medical Attached Medical Date: _____
(Day/Month/Year)

Please Note: Regular Memberships take approximately four weeks to be processed (providing proper paperwork and payment is included).

CONSENT FOR USE OF PERSONAL INFORMATION, COMMERCIAL MESSAGES AND PHOTO RELEASE

I, the participant and/or parent/guardian, authorize Boxing Canada and Boxing Ontario to collect and use personal information about me or my child/ward for the purpose of receiving communications (newsletters, publications, announcements, invitations and other news or information) from Boxing Canada and Boxing Ontario and posting articles of interest, newsletters, promotions, statistics, images and results on Boxing Canada and Boxing Ontario's website. This consent is in compliance with the Personal Information Protection and Electronic Documents Act and the Canadian Anti-Spam Legislation.

Furthermore, I, the participant and/or parent/guardian, grant permission to Boxing Canada and Boxing Ontario to photograph and/or record my or my child/ward's image and/or voice on still or motion picture film and/or audio tape, and to use this material to promote Boxing Canada and Boxing Ontario through the media of newsletters, websites, television, film, radio, print and/or display form. I understand that the audio/visual material and copyright will remain the sole property of Boxing Canada and Boxing Ontario and I waive any claim to remuneration for use of audio/visual materials used for these purposes.

I understand that I may withdraw such consent at any time by contacting Boxing Canada's and/or Boxing Ontario's Privacy Officer or emailing info@boxingontario.com. The Privacy Officer will advise the implications of such withdrawal. We do not sell or distribute your personal information to any other third party not listed herein. *

Printed Name of Parent or Guardian **Signature of Parent or Guardian** **Date**

BOXING ONTARIO

CONCUSSION CODE OF CONDUCT

For Participants - Annual:

I confirm that:

- (a) I have reviewed the concussion awareness resources available from the Ontario Ministry of Tourism, Culture and Sport (currently available at <https://www.ontario.ca/page/rowans-law-concussion-awareness-resources#section-4>); and
- (b) Boxing Ontario's Concussion Code of Conduct (available at <https://boxingontario.com/athletes/concussion-code-of-conduct/>).

If am under 18 years of age, my parents/guardians confirm that:

- (a) each has reviewed the concussion awareness resources available from the Ontario Ministry of Tourism, Culture and Sport (currently available at <https://www.ontario.ca/page/rowans-law-concussion-awareness-resources#section-4>); and
- (b) Boxing Ontario's Concussion Code of Conduct (available at <https://boxingontario.com/athletes/concussion-code-of-conduct/>).

For Coaches, Team Trainers and Officials – Annual:

I confirm that:

- (a) I have reviewed the concussion awareness resources available from the Ontario Ministry of Tourism, Culture and Sport (currently available at <https://www.ontario.ca/page/rowans-law-concussion-awareness-resources#section-4>); and
- (b) Boxing Ontario's Concussion Code of Conduct (available at <https://boxingontario.com/coaches/coaches-concussion-code-of-conduct/>) and that I will implement it in all activities sanctioned by Boxing Ontario.

By signing here, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct.

Name of Parent or Guardian (Please Print)

Signature of Parent or Guardian

Date

Please **MAIL/E-MAIL** completed forms (including Membership, Waiver Form, Medical, and PRC where applicable) and payment to:
Boxing Ontario, 3701 Danforth Ave | Scarborough, N | M1N 2G2 |

BOXING ONTARIO – ASSUMPTION OF RISK AGREEMENT

By signing this document, you will waive certain legal rights, PLEASE READ CAREFULLY.

IN CONSIDERATION of allowing my minor child/ward to participate in the competitions, programs, activities and events of the Canadian Amateur Boxing Association and Boxing Ontario, **I ASSURE TO YOU THAT:**

1. I am the parent/guardian of the participant having full legal responsibility for decisions regarding the participant.
2. I believe that my minor/ward is physically, emotionally and mentally able to participate in the programs, activities and events of the Canadian Amateur Boxing Association and Boxing Ontario.
3. I hereby acknowledge that I am aware of the risks and hazards associated with or related to the competitions, programs, activities and events of the Canadian Amateur Boxing Association and Boxing Ontario. The risks and hazards include, but are not limited to injuries from:
 - a. Physical contact with the instructor, students or other participants;
 - b. Striking students, participants, objects or equipment;
 - c. Being struck by the instructor, students, participants, objects or equipment;
 - d. Contact, colliding, falling or being struck by other participants, spectators or equipment;
 - e. Executing strenuous and demanding physical techniques;
 - f. Vigorous physical exertion, strenuous cardiovascular workouts, rapid movements and quick turns and stops;
 - g. Exerting and stretching various muscle groups;
 - h. Dry land training including weights, running, circuit training and massage;
 - i. Extreme weather and temperature conditions which may result in heatstroke, sunstroke or hypothermia;
 - j. Falling or colliding with the ring, walls, stands, equipment or with other participants;
 - k. Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
 - l. Spinal cord injuries which may render me permanently paralyzed;
 - m. Travel to and from competitive events and associated non-competitive events which are an integral part of Boxing Ontario’s competitions, programs, activities, and events.
4. Furthermore, I am aware that:
 - a. Injuries sustained to my child/ward can be severe;
 - b. My child/ward may experience anxiety while challenging himself/herself during the competitions, activities, events and programs;
 - c. My child/ward may come into close contact with other participants;
 - d. My child/ward’s risk of injury is reduced if he/she follows all rules established for participation; and
 - e. My child/ward’s risk of injury increases as he/she becomes fatigued.

I UNDERSTAND AND AGREE, on behalf of myself, my heirs, assigns, personal representatives and next of kin that my signing of this document constitutes that:

5. I am registering my child/ward willingly and my child/ward is participating voluntarily in these activities, events and programs.
6. My child/ward’s physical condition has been verified by a medical doctor within the past twelve months.
7. I agree that there are risks as described above and my child/ward will be exposed to these risks and hazards.
8. I agree to **accept and assume all these risks and hazards** and am responsible for any injury or other loss which my minor child/ward might receive while participating in these competitions, events, activities and programs.
9. If something happens to my child/ward, I **RELEASE** the Canadian Amateur Boxing Association and Boxing Ontario of responsibility and liability for any and all claims, demands, actions, judgements, executions and costs which might arise out of my child/ward’s participation. I understand Canadian Amateur Boxing Association and Boxing Ontario to mean: Canadian Amateur Boxing Association and Boxing Ontario and their respective directors, officers, committee members, members, clubs, employees, coaches, volunteers, officials, judges, participants, agents, and representatives.

I ACKNOWLEDGE MAKING THIS AGREEMENT

I have read and understood the terms and conditions of this agreement, and by signing it voluntarily, I am agreeing to abide by these terms.

Printed Name of Participant

Signature of Participant (Age 15 and Up)

Printed Name of Parent or Guardian

Signature of Parent or Guardian (Child Age 17 and under)

Date

Please **MAIL/E-MAIL** completed forms (including Membership, Waiver Form, Medical, and PRC where applicable) and payment to:

Boxing Ontario, 3701 Danforth Ave | Scarborough, ON | M1N 2G2