



634 Oak St. Copiague, NY 11726

BCBA YOUTH ENROLLMENT FORM

PLEASE PRINT LEGIBLY. PLEASE FILL OUT FORM IN ITS ENTIRETY.

Guardian's Name: _____ Child's Name _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Student's DOB _____

GUARDIAN MUST BE AT LEAST 18 YEARS OLD AND AGREE TO ABIDE BY ALL BCBA RULES & REGULATIONS

- **DRIFT Youth Boxing Gym** Current Hours Mon | Wed | Fri 6PM – 7PM **NOTE: Sparring and competition is available ONLY for Members after a coach's assessment based on attendance, skill set, conditioning and parental permission.**
- Members/Participants are aware operating hours and camp fees may change but notice WILL BE given.
- ALL **YOUTH Camp Members** are required to **wear their BCBA Tee Shirt** any time they are at the facility.
- **DRIFT Camp Members** are not allowed to bring guests without prior permission – **ADDITIONAL FEES APPLY.**
- Memberships are not refundable or transferable.
- Parent/Guardian of youth members must sign the accompanying BCBA Waiver /Release form.
- Youth guardians understand the primary goal of BCBA is to introduce young people to the importance of getting and staying fit as such all youth members should act accordingly.
- **DRIFT Camp Members** **MUST** be on time or they **WILL NOT** be permitted to attend that day's camp/session.
- **DRIFT Camp Members** must abide by all rules and regulations or risk having their membership revoked or terminated.
- **The best way to stay informed of closings, hours and rule changes is via our Facebook page.**

If your child are under the care of a physician, has recently been under the care of a physician, or has experienced any significant medical problems, this information should be disclosed and clearance from you physician should be obtained. If you have not undergone a physical examination, it is recommended that you do so before beginning any exercise program.

I agree to have my child abide by the rules and regulations adopted by BCBA. I understand that BCBA reserves the right to, revoke, deny or terminate any membership with or without cause, at any time. I hereby acknowledge that all information provided by me is accurate and that I have read and understand the rules & regulations and agree to all terms.

MEMBER HAS BEEN GIVEN A COPY OF, AND AGREES TO ABIDE BY, OUR POST-COVID 19 HEALTH POLICIES

GUARDIAN'S SIGNATURE: _____ DATE: _____

Program: DRIFT Youth Boxing | Bully Beaters | Other: _____

Auth. Salesman: _____ Amount:\$ _____ Cash/Check _____ Check #: _____

Membership Proof of ID (License/Photo ID) _____ Program's Expiration Date: _____

Program Days & Times _____

NOTES C.C. INFO:



In consideration of my child's participation in a program held at (BCBA) for

PROGRAM'S COACH: _____ PROGRAM COST: _____ CHECK#: _____

CHILD'S LAST NAME	CHILD'S FIRST NAME	CHILD'S DOB
GUARDIAN'S FIRST/LAST NAME (MOM)		
ADDRESS	CITY	ZIP
HOME #	CELL #	
EMAIL		
GUARDIAN'S FIRST/LAST NAME (DAD)		
ADDRESS	CITY	ZIP
HOME #	CELL #	
EMAIL		
PHYSICAL LIMITATIONS OR ALLERGIES:		
PAYMENT NOTES:		
PLEASE MAKE ALL CHECKS PAYABLE TO BCBA		

To the extent permitted by law and knowing the risk of this activity, I hereby release, waive, forever discharge and agree to hold harmless BCBA and their officers, agents, employees, sponsors and the landlord of the facility where activity takes place from any liability whatsoever arising out of my child's participation in any activities, including but not limited to, medical bills, court costs and attorney's fees, any damage to my property or the property of others, or to others through my child's participation in the/any activities run here at BCBA.

I agree to allow BCBA (Community Boxing Center Inc.), to use the likeness of my child in photographs and/or video for advertising and promotional purposes only without compensation to me or my child. No names will be used in any promotional materials.

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GUARDIAN'S SIGNATURE HERE _____ DATE _____

PROOF OF ID (NY LICENSE | PHOTO ID)