



MEMBERSHIP APPLICANT FORM

Full Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
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DOB:	Contact #:
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Email Address:

Current Address:

Parish:	Zip Code:
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Bermudian <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state Nationality:
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If Boxer under 18 years of age requires Parent / Guardian details:
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Parent/Guardian Full Name:	Contact No:
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MEMBERSHIP CLASSIFICATION

ATHLETE <input type="checkbox"/> Elite <input type="checkbox"/> Open 18-40 <input type="checkbox"/> Novice 18-40 <input type="checkbox"/> Masters Over 40 <input type="checkbox"/> Youth 17-18 <input type="checkbox"/> Junior 15-16 <input type="checkbox"/> School-Age 13-14 <input type="checkbox"/> Development 12 & Under	TRAINER <input type="checkbox"/> Coach <input type="checkbox"/> Cornerman <input type="checkbox"/> Cutman <input type="checkbox"/> Strength <input type="checkbox"/> Nutrition <input type="checkbox"/> Physio <input type="checkbox"/> Educational	OFFICIAL <input type="checkbox"/> Referee <input type="checkbox"/> Judge <input type="checkbox"/> Timekeeper <input type="checkbox"/> Executive <input type="checkbox"/> Chief	OTHER <input type="checkbox"/> Promotor <input type="checkbox"/> Medical <input type="checkbox"/> Guardian <input type="checkbox"/> Administrative
Gym/ Club / Affiliation:			

WEIGHT CLASS (Athlete)	EMERGENCY INFORMATION (Required)
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	lbs	Kg	Employer/ School:	
<input type="checkbox"/> Minimumweight	up to 106	up to 48	Doctor:	
<input type="checkbox"/> Flyweight	112	51		
<input type="checkbox"/> Bantamweight	119	54	Office #:	
<input type="checkbox"/> Featherweight	125	57		
<input type="checkbox"/> Lightweight	132	60	Nearest Relative:	
<input type="checkbox"/> Light Welterweight	140	63.5		
<input type="checkbox"/> Welterweight	148	67	Relationship:	
<input type="checkbox"/> Light Middleweight	156.5	71		
<input type="checkbox"/> Middleweight	165	75	Home #:	
<input type="checkbox"/> Light Heavyweight	176	80		
<input type="checkbox"/> Cruiserweight	190	86	Cell #:	
<input type="checkbox"/> Heavyweight	203	92		
<input type="checkbox"/> Super Heavyweight	203+	92+	Other#:	

MEDICAL INSURANCE INFORMATION

Insurance Provider:

Policy #:

MEMBERSHIP AGREEMENT AND WAIVER OF LIABILITY

IF YOU ARE UNDER THE CARE OF A PHYSICIAN, HAVE RECENTLY BEEN UNDER THE CARE OF A PHYSICIAN, OR HAVE EXPERIENCED ANY SIGNS OF MEDICAL PROBLEMS, THIS INFORMATION SHOULD BE DISCLOSED, AND CLEARANCE FROM YOUR PHYSICIAN SHOULD BE OBTAINED. IF YOU HAVE NOT UNDERGONE A PHYSICAL EXAMINATION, IT IS RECOMMENDED THAT YOU DO SO BEFORE BEGINNING ANY PHYSICAL CONTACT SPORT.

I AGREE TO ABIDE BY THE RULES AND REGULATIONS THAT ARE ADOPTED BY BERMUDA BOXING FEDERATION (BBF). I UNDERSTAND THAT THE BBF RESERVES THE RIGHT TO TERMINATE ANY MEMBERSHIP WITH JUST CAUSE, AT ANY TIME. I HEREBY ACKNOWLEDGE THAT ALL INFORMATION HAS BEEN PROVIDED BY MYSELF AND THAT I HAVE READ AND UNDERSTAND THE PRECEDING PRIOR TO SIGNING AND AGREE TO ALL TERMS OUTLINED.

I RECOGNIZE AND UNDERSTAND THAT THERE ARE INHERENT RISKS OF VARIOUS PHYSICAL, AND MENTAL ILLNESSES, AND/OR INJURIES ASSOCIATED WITH ENGAGING IN ANY EXERCISE OR PHYSICAL ACTIVITY. SUCH RISKS INCLUDED MAY BE OF PHYSICAL AND MENTAL CONDITIONS, AND/OR ILLNESSES INCLUDING, BUT NOT LIMITED TO, SPRAINS, STRAINS, BROKEN BONES, CONCUSSIONS, LACERATIONS, ELEVATED BLOOD PRESSURE, HEARTBEAT DISORDERS, FAINTING, SHORTNESS OF BREATH, CHEST PAIN, STROKE, HEART ATTACK, OR EVEN DEATH.

I HEREBY AGREE AND CONSENT TO VOLUNTARILY ENGAGE IN ANY AND ALL EXERCISES AND PHYSICAL ACTIVITY OPPORTUNITIES WITH THE BBF, TO VOLUNTARILY USE EQUIPMENT, AT MY OWN RISK AND WITH FULL KNOWLEDGE AND APPRECIATION OF ANY ALL DANGERS AND RISKS INHIBITED.

I UNDERSTAND AND AGREE THAT THE BBF IS NOT LIABLE FOR ANY LOSS OR STOLEN ITEMS OR PERSONAL VEHICLE DAMAGES.

I HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL RISKS OF ANY BODILY INJURY, ILLNESS, DEATH AND/OR PROPERTY DAMAGE. I HEREBY RELEASE, WAIVE, FOREVER DISCHARGE AND/OR COVENANT NOT TO TAKE LEGAL ACTION AGAINST THE BBF FOR ANY AND ALL LOSS OR DAMAGE AND/OR ANY CLAIMS OF DEMANDS OR ACCUSATIONS UNKNOWN, ON ACCOUNT OF OR IN ANY WAY RELATED TO ANY ILLNESS, CONDITION, AND/OR INJURY TO A PERSON OR PROPERTY, OR WHICH MAY RESULT IN MY BODILY HARM OR DEATH.

I HEREBY CONSENT TO THE PARTICIPATION IN INTERVIEWS, THE USE OF QUOTES, AND THE TAKING OF PHOTOGRAPHS, MOVIES OR VIDEO TAPES BY THE BERMUDA BOXING FEDERATION OR ITS AGENTS.

I ALSO GRANT TO THE RIGHT TO EDIT, USE, AND REUSE SAID PRODUCTS FOR NONPROFIT PURPOSES INCLUDING USE IN PRINT, ON THE INTERNET, AND ALL OTHER FORMS OF MEDIA. I ALSO HEREBY RELEASE THE BERMUDA BOXING FEDERATION AND ITS AGENTS AND EMPLOYEES FROM ALL CLAIMS, DEMANDS, AND LIABILITIES WHATSOEVER IN CONNECTION WITH THE ABOVE.

DEVELOPMENT, SCHOOL-AGE, JUNIOR AND YOUTH BOXERS UNDER THE AGE OF 18, THE PARENT/ LEGAL GUARDIAN WILL FILL OUT A MEMBERSHIP FORM ON BEHALF OF THE MINOR.

I HEREBY ACKNOWLEDGE BY SIGNING THIS MEMBERSHIP APPLICATION FORM THAT I AGREE TO THE TERMS OUTLINED ABOVE AND CONSENT TO THE WAIVER OF LIABILITY.

Applicant Signature

Date:

(if under 18):

Parent/Guardian Signature

Date:

OFFICIAL USE ONLY

Member ID. #:

New Member Renewal

Initial Enrollment Date:

Authorized Signature: