

STICK-N-MOVE

B · O · X · I · N · G

APPLICATION

Antwoine Dorm
 Founder/Executive Director
 120 EAST MARKET STREET
 York, Pa 17401
 twizzleboxing@gmail.com

APPLICANT INFORMATION

Participants name:

Date of birth:	Male/Female:	Age:
School:	Grade:	Grade Average:

Participants name:

Date of birth:	Male/Female:	Age:
School:	Grade:	Grade Average:

Participants name:

Date of birth:	Male/Female:	Age:
School:	Grade:	Grade Average:

Parent Name:

Current address:

City:	State:	Zip Code:
Home Phone:	Work Phone:	Cell:

Child/Children interests, hobbies and sports:

List three words that best describe your child/children:

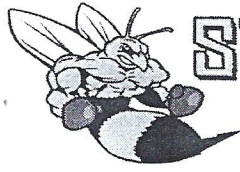
1)	2)	3)
1)	2)	3)
1)	2)	3)

Please circle five areas YOU need to improve on (child circle)

- | | | | | | |
|---------|-------------------|-----------------|-----------------------------|--------------|----------------------|
| Shyness | Self Esteem | Self Confidence | Discipline | Self Control | Stay off the Streets |
| Respect | Positive Attitude | Self Defense | How to Interact with Others | Fitness | |

Please circle five areas your child needs to improve on (parent circle)

- | | | | | | |
|---------|-------------------|-----------------|-----------------------------|--------------|----------------------|
| Shyness | Self Esteem | Self Confidence | Discipline | Self Control | Stay off the Streets |
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Emergency Contact:

Name and Address

Relationship to Child

Phone Number

Who can child be released to other than parent/guardian?

Medical Allergies or Allergic Reactions Please list below

Is there any medication your child will need to take while in this program?

Insurance provider:

Policy Id:

Policy Holder:

Primary Physician:

Doctors Address:

Doctors Phone Number:

Hospital Preferred

(If more than one child please list on back)

Are there any questions you have about your child enrolling in this program?

Signature:

Date:



Liability Waiver and Medical Release

Liability Waiver

I assume any and all risks associated with this program, including but not limited to accidents, the affects of weather, all acts of negligence on the participant's part, the staff or leadership, friends or peer group of the participant and the acts of third party not under the control of the program. Knowing these facts and in consideration of the acceptance of registration, I hereby, waive release indemnify, absolve and hold harmless Stick N Move Boxing/ Iron Gate York, LLC their staff, employees, administrators, volunteers and other participants from any claim arising out of an injury to me or my child/children. I further waive for myself and for my child/children, the right to sue any of the above specified parties for any injury to my child/children or myself. I also am aware that there will not be any type of refund.

If in agreement please sign and date below:

Parent/guardian signature _____ Date _____

Parent/guardian signature _____ Date _____

Medical Release

In the event of a medical emergency, I authorize Iron Gate York, LLC and the Stick N Move staff to obtain any medical treatment for my child(ren) for whom I am the guardian.

If in agreement please sign and date below:

Parent/guardian signature _____ Date _____

Parent/guardian signature _____ Date _____



PERMISSION FOR OFF GROUNDS TRAINING

I _____ (Parent/Guardian) am giving permission to Stick N Move Boxing and its trainers to take _____ (Child/Children) off of Iron Gate York, LLC property for training purposes only.

In the event of a medical emergency, I authorize Iron Gate York, LLC and the Stick N Move staff to obtain any medical treatment for my child(ren) for whom I am the guardian.

If in agreement please sign and date below:

Parent/guardian signature _____ Date _____

Parent/guardian signature _____ Date _____



RULES AND REGULATIONS

- 100% Parent and Child Participation
- Respect towards others
- NO personal items such as cell phones, iPods, MP3, etc allowed
- Program is not responsible for any items lost/damaged/stolen
- Sessions are **CLOSED** to outside viewers including **PARENTS**. Program must abide to fire codes.
- All children under the age of **12** must be signed in and out on a daily basis by parent/guardian.
- Parents must arrive at the gym 10 min prior to class ending
- Parents must arrive in 15 min if phoned by instructor of emergency.
- Parent must pick up child in classroom to have face to face contact with instructor if needed.
- Parents and participants must engage in **ALL** fundraisers.
- **NO REFUNDS!!!**

SCHOOL IS IMPORTANT!!!

- Child must maintain a "C" average to participate in the program. Child will be placed on academic probation until grades improve.
- If child is suspended or truant from school, participation in the program is not allowed until child returns to school.
- If child is suspended from school for fighting or engaging in fighting outside of school, child will be removed A.S.A.P. If child improves his/her behavior upon meeting with parents and staff child may be considered to re-enter the program.
- There is limited space in our program therefore only parents and child(ren), that are serious and agree to the above will be accepted. If you do not fulfill your agreement You will be removed from the program.

Sparring

- Parents can observe their child
- Child will be matched with sparring partner in age, weight and height.
- Any negative comments parents will be asked to leave. Please **support** and **encourage** all children.
- **NO CHILD WILL BE FORCED TO PARTICIPATE IN SPARRING**

Parent/guardian signature _____ Date _____



PARENT MEDIA RELEASE

I, the undersigned, do hereby grant or deny permission to Stick N Move Boxing to use the image of my child, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Stick N Move Boxing Web site.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in the following ways (mark all that apply):
 - Limited usage:** I want my child's image used within the Stick N Move Boxing setting only (not in the larger community).
 - Limited usage:** I want my child's image used for educational materials only (not marketing). This could be either within Stick N Move Boxing or in the larger community. One example of this could be videos in parent education classes.
 - Limited usage:** I want my child's image used on printed materials only (no digital or video use).
 - Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Stick N Move Boxing for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/guardian signature _____ Date _____