A close up of a logo

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**2020 Boxing Registration Form**

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***Credit Card Required on File, or 1 month deposit plus 1st month’s fees***

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| Please Print  **Athletes Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_ [ ] Male [ ] Female** | | | | |
| **Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **Cell / Mobile Phone: Home Phone:**  [ ] Personal [ ] Mom or [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Employer or School:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Occupation or Grade:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Emergency Contact Person: Phone:**  Spouse Parent Friend | | | | |
| **Email Address (Required):** | | | | |
| **Physical Condition** Poor Good Excellent **Smoker** Yes No **Pre-existing Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Goals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| I / We understand and appreciate that participation in any sport carries a risk of injury. I / We voluntarily and knowingly recognize, accept, and assume this risk. I / We understand that BOXING IS A CONTACT SPORT AND THAT INCIDENTAL AND INTENTIONAL PHYSICAL CONTACT MAY OCCUR in class session during instruction and class drills. Sore muscles and other body parts likely to occur. I / We hereby waive and release any and all rights to any claim for damages for any injury or **illness due to COVID-19** suffered by me during my participation. I / We certify that the participant is deemed to be in good health and has been seen by his/her doctor and **I WILL NOT WORK-OUT IF I FEEL SICK OR HAVE FLU-LIKE SYMPTOMS.** | | | |
| ***□ No Reduction of Fees for Missed Classes (all missed classes can be made up)*** | | | |
| **1X Once a Week** $15 per class  **□** **1st** Month Only: **$95**  Includes $35 Registration Fee;  Thereafter **$60** | **2X Twice a Week** *\*Most Popular* $12 per class  **□** **1st** Month Only: **$135**  Includes $35 Registration Fee;  Thereafter **$100** | | **3X Three Times Per Week** $11 per class  **□** **1st** Month Only: **$170**  Includes $35 Registration Fee;  Thereafter **$135 MOST POPULAR** |
| ***□ Unlimited:*** *1st Month* ***$225*** *(includes $35 Registration Fee)* ***$190 thereafter***  **10% Late Fee!**  ***Up to 6 times a week ( cost less than $8 per class )*** | | | |
| ***□*Credit Card Will Be Charged If Payment is Late.**  ***□* Payment Due Same Day Each Month. This is a Monthly Plan, Not a Daily Plan.**  ***□* No Refund or Carry-over of Class Fees If Absent or Missed Classes** *(classes may be made up)*  ***□* Must Notify Us 30 Days in Advance, In Writing, If Cancelling Membership or Placing Membership On Hold.** | | | |
| **EQUIPMENT PURCHASE REQUIREMENTS** | | | |
| ***□*** Hand-Wraps and/or ***□*** Jump Rope….…...…$\_\_\_\_\_\_  ***□*** Punching Bag Gloves ……………….………$\_\_\_\_\_\_  T-Shirt ***□ Child □Sm*  *□Med* *□Lg □XL*  *□2X*** $\_\_\_\_\_\_ | | **□ Hand-Wraps □ Gloves □ Towel**  **□ Shoes □ Gym Bag** | |
| $ 35 Registration Fee ……...$\_\_\_\_\_\_\_\_\_  1st Month and/or Class Fee………$\_\_\_\_\_\_\_\_\_  **Total Paid……$\_\_\_\_\_\_\_\_** | | Make Checks Out To : **PearlSide Boxing**  Today’s Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Month Starting : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| *□* ***Class fees Due Same Day each Month on your Start Date □ Class days that fall on holiday may be made up any day in month □ I Understand that this is a monthly class fee & not a daily plan □ I must inform Coach if I plan to miss class*** | | | |
| **Participant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Parent Signature (under 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \***We do hereby consent to the use of my and/or child (children’s) image in photograph or video for fundraising, advertising, publicity, or any other purpose on behalf of PEARLSIDE BOXING, INC.** | | | |

**PAYMENTS POLICY**

**Clarification on Boxing Class and Boxing Team Monthly Payments:**

1. **It’s a Monthly Payment Plan** – Everyone registers for classes on a monthly payment plan.
2. **Credit Card on File** – We will now retain a credit card file on everyone.
3. **Pay in Advance** – For your monthly classes from 1 time a week up to 6 times per week (unlimited).
4. **The Fees Are:**
   * $60 (1x per week)
   * $100 (2x per week)
   * $135 (3x per week)
   * $190 (Unlimited)
5. **Due Date** – Payments are due on the calendar day that you registered each following month.
6. **Missed Classes** – You may make it up on any other day in the month. Payments are still due in full.
7. **Monthly Fees Are Due Regardless** – Are not subject to you missing any or all of your classes.
8. **No Refund** – Or reduction in class fees for any month.

**REASON – BECAUSE SOME MEMBERS WERE NOT PAYING FOR CLASSES ON TIME** and abusing our honor system by attending classes and then not paying what is actually due. Thus, we will now retain a credit card file on everyone.

* Should you become past due on your class fees, your credit card will be charged with an additional 10% late fee surcharge!
* Should you participate in any fundraiser and fail to meet deadline obligations, not make required payments or fail to return fundraiser tickets and/or items, my credit card will be charged for the specific amount!
* Returned Check Policy: All returned checks will incur a $15 Returned (bad/insufficient funds) fee.

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| Credit Card Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date:\_\_\_\_\_\_\_\_\_\_\_\_ 3 Digit Code:\_\_\_\_\_\_ |
| Name as it appears on Credit Card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billing Zip:\_\_\_\_\_\_\_\_\_\_ |
| Credit Card Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I acknowledge that I understand the CLASS FEE and CREDIT CARD POLICIES: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Signature* |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Print Name Date* |
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