

2022 Boxing Class Registration

Robyn Jumawan (Operations) 348-9202, Coach Eiichi 256-2885

*Credit Card / Debit Card Required on File. Billed by Monthly Draft/Discount Applied on 2nd Month*

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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**  **□** **1st** Month Only: **$100** Includes $35 Registration Fee Thereafter **$65** | **2X Twice a Week** *\*Most Popular*  **□** **1st** Month Only: **$140**  Includes $35 Registration Fee thereafter **$105**  | **3X Three Times Per Week** *\*Most Popular*  **□** **1st** Month Only: **$185**  Includes $35 Registration Fee thereafter **$150**  |
| ***□* 4X Four Times Per Week**  ***□ Unlimited: 6*** *days a week***1st** Month Only: ***$210*****1st** Month Only: ***$235*** Includes $35 Registration Fee Thereafter **$175** Includes $35 Registration Fee Thereafter **$200**  |
| ***□*Credit Card Will Be Charged If Payment is Late.****10% Late Fee!*****□* Payment Due Same Day Each Month. This is a Monthly Plan, Not a Daily Plan.*****□* No Refund or Carry-over of Class Fees If Absent or Missed Classes** *(classes may be made up)****□* Must Notify Us 30 Days in Advance, In Writing, If Cancelling Membership or Placing Membership On Hold.** |
|  **EQUIPMENT PURCHASE REQUIREMENTS** |
| ***□*** Hand-Wraps ……….…………….….….…...…$\_\_\_\_\_\_\_\_***□*** 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:**
	* $65 (1x per week)
	* $105 (2x per week)
	* $150 (3x per week) $175 (4x per week)
	* $200 (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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