

2014 Registration Form

*Robyn Jumawan, Vice President of Operations*… Telephone: **808-348-9202**

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| Please Print **Athletes Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Birth Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age:**\_\_\_\_\_\_ [ ] Male [ ] Female  |
| **Home Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Cell / Mobile Phone: Home Phone:** Other/Work/Pager,etc: [ ] Personal, [ ] Mom or [ ] Dad \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Personal, [ ] Mom or [ ] Dad\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Employer or School: Occupation or Grade** |
| **Emergency Contact Person: Phone:** Spouse Parent Friend  |
| **Email Address:** |
| **Physical Condition**: Poor Average Good Excellent Smoker: Yes No**Any Medical or Pre-Existing Injury we should be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 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 are facts of life in a contact sport and are likely to occur. I / We hereby waive and release any and all rights to any claim for damages for any injury suffered by me during my participation.I / We certify that Participant Named above has not sustained any injury to his/her hands, consisting of fractures or broken bones, or injuries to his/her head, including but not limited to, concussions within three (3) months preceding the date of this form. I / We certify that the participant is deemed to be in good health and has been seen by his/her doctor and I / We know of no other injuries that may re-occur. *□ I will inform the coach when I am injured or sick\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****□* No reduction of class fees if absent or missed class** |
| **1X Once a Week**  **□** **1st** Month Only: **$80**Includes $25 Registration Fee; **$55** thereafter***□ Mon* *□ Tues* *□ Wed □ Thur* *□ Fri* *□* *Sat*** ***□ 5:30pm □ 6:30pm □9am* *□10am***  | **2X Twice a Week**  **□** **1st** Month Only: **$110**  Includes $25 Registration Fee; **$85** thereafter***□ Mon* *□ Tues* *□ Wed □ Thur* *□ Fri* *□* *Sat*** ***□5:30pm □6:30pm*  *□9am □10am***  | **3X Three Times Per Week**  **□** **1st** Month Only: **$125**  Includes $25 Registration Fee; **$100** thereafter***□ Mon* *□ Tues* *□ Wed □ Thur* *□ Fri* *□* *Sat*** ***□5:30pm □6:30pm □9am* *□10am***  |
| ***□Unlimited: 1st Month Only - $175 (includes $25 Registration Fee) $150 thereafter*** |
|  **EQUIPMENT PURCHASE:** | REQUIREMENTS  |
| Hand-Wraps ….………….……………..….……… $ 10 □  Punching Bag Gloves ….………………….………$\_\_\_\_\_ □  Jump Rope …..……………………………..………$ 10 □  Club T-Shirt ***□Child\_\_\_\_□Sm*  *□Med* *□Lg □XL*  *□2X*** $ 20 □Total Equipment ……………. $\_\_\_\_\_\_\_\_  |  **□ Hand-Wraps □ Gloves □ Towel**  **□ Water Bottle □ Shoes □ Jump-Rope** |
|  1st Month Class Fee………$\_\_\_\_\_\_\_\_\_$25 Registration / Trial Class Fee..……..$\_\_\_\_\_\_\_\_\_**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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.**Due to a recent “trend”** of students not paying for classes on time and abusing our honor system; (attending classes and then not paying what is actually due) we will now retain a credit card file on everyone. * Should you become past due on your class fees of two (2) weeks or more in arrears, while still attending classes, your credit card will be charged with an additional 10% Late Fee surcharge!
* I also agree that if I participate in a fundraiser and fail to meet my 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!
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| **Clarification on Boxing Class Fee Payments Policy*** Everyone registers for classes on a monthly payment plan. You pay in advance for your monthly classes anywhere from 1 time a week to up to 6 times per week (unlimited).
* The fees are
	+ $ 55 (1x)
	+ $ 85 (2x)
	+ $100 (3x) and
	+ $150 (unlimited).
* **Payments are due on the calendar day that you registered each following month.**
* If you **miss a class, you may make it up** on any other day in the month.
* Your **class fees are DUE IN FULL every month**, whether you ATTEND ALL or MISS ALL scheduled class sessions.
* This is a **MONTHLY FEE** and is not subject to you missing any or all of your classes.
* There is **NO REFUND** or REDUCTION IN CLASS FEES for that month.

**Credit Card on File**:**Credit Card Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Exp. Date:** \_\_\_\_\_\_\_\_\_\_ **3 Digit Code**: \_\_\_\_\_\_\_**Name as it appears on Credit Card:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Billing Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_****Credit Card Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****I acknowledge that I understand the CLASS FEE and CREDIT CARD POLICIES:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***Print Name: Signature*****Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Parent Signature: (if under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |