



Norwalk PAL Boxing Participant Registration Form

First Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Age: _____ DOB: _____ Height: _____ Weight: _____ Male/Female: _____
Home Phone: _____ Cell: _____
Email: _____ School: _____

Medical History/Permission (Disclaimer)

Do you suffer from any allergies and/or medical, physical or mental disability? Yes / No

*If yes, please fill out Additional Medical History Form

Emergency Contacts

Name: _____ Phone: _____

Name: _____ Phone: _____

Additional Information

Does your child wish to compete in sanctioned fights or just train for physical fitness?

Photo / Video Disclosure

Norwalk Pal Boxing has my permission to use my child's photograph/video publicly to promote the program. I understand that the images may be used in print publications, online publications, presentations, websites and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

I agree to the terms of the disclaimer: _____

Waiver

I understand that The Norwalk Police Department and The City of Norwalk assume no responsibilities for injuries or illness which may sustain as a result of my physical condition resulting from my athletic activities, use of any equipment and use of facilities. I acknowledge that I assume all risk for any and all injuries an illness that result from my participation in these activities. I hereby release and discharge The Norwalk Police Department and The City of Norwalk, it's agents and employees from any and all claims of injuries, illness, death, and or loss or damages which I may suffer as a result of my participation in these activities. I also understand that The Norwalk Police Department and The City of Norwalk are not responsible for personal property lost or stolen while I am a member and/or participant of its programs.

Signature of Parent / Guardian

Date