
Huntsville Boxing Gym Registration Form

Client Information

Field	Input
Full Name	<hr/>
Date of Birth (MM/DD/YYYY)	<hr/>
Address	<hr/>
Phone Number	<hr/>
Email Address	<hr/>
Emergency Contact Name	<hr/>
Emergency Contact Number	<hr/>
Relationship to Emergency Contact	<hr/>

Health & Fitness Background

- Do you have any existing medical conditions? ☐ Yes ☐ No
If yes, please specify:

- Are you currently taking any medications? ☐ Yes ☐ No
If yes, please list:

- Have you had prior boxing or combat sports experience? ☐ Yes ☐ No
If yes, describe briefly:

⚠ Waiver of Liability & Assumption of Risk

Please read carefully and sign below.

I, the undersigned, acknowledge that participation in boxing and related training activities at **Huntsville Boxing Gym** involves physical exertion and carries with it the risk of serious injury, including but not limited to bruises, sprains, fractures, or other more severe injuries. I certify that I am physically fit and capable of participating in such activities and have consulted a physician if necessary.

I hereby voluntarily assume all risks associated with my participation in boxing training, sparring, or any other gym-related activities. I release, waive, and discharge **Huntsville Boxing Gym**, its owners, employees, coaches, and trainers from any and all liability for injury, disability, or damages incurred, whether caused by negligence or otherwise.

I understand this release is binding and applies to all present and future participation in any and all activities at **Huntsville Boxing Gym**.

Client Acknowledgment

Signature (Client) _____

Printed Name _____

Date _____

(If under 18, a parent/guardian must sign below.)

Parent/Guardian Consent (if under 18)

Signature (Parent/Guardian) _____

Printed Name _____

Relationship to Minor _____

Date _____