



VICTORY BOXING CLUB
3009 R St-Omaha, NE

2016

Participant Name _____

Address _____

City: _____ State: _____

Male/Female _____ Birth Date: _____

Age _____ Weight _____

Name of Parent or Legal Guardian: _____

Phone number: _____

Emergency Contact number: _____

Known Medical Conditions: _____

Family Doctor _____

CODE OF CONDUCT-Agreement

I will follow staff direction

I will refrain from dangerous activities and or fighting

I will refrain from using profanity, lying or any other inappropriate behavior

I will not act in a way as to bring discredit to the Victory boxing club

I will treat others with dignity and respect

I will not fight outside the ring

Participant Signature _____

I, hereby, for myself and my heirs, Executors, and administrators waive and release any liabilities, rights or claims for damages against the Victory Boxing Club and Community Center or their respective agents, successors, coaches or trainers, for any and all injuries that may be incurred by my child or myself as a participant in the sport of boxing or training activities. This includes participating in the teen center, community events and special events held by Victory Boxing and Community Center. This waiver also gives permission and relieves liability of VBC for lock-ins, community events, and travel or events we participate in.o.

Parent/Guardian Signature: States that you agree with the above:

_____ Date: _____

