BoxerConnect Open Forms

The standard paperwork for a boxing club or federation. 17 forms, free to use and adapt under CC BY 4.0.

Forms in this pack

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- Public Health and Infectious Disease Risk Assessment
- Child Safeguarding Concern Report
- Club Standard Self-Assessment Scorecard

Club Membership Registration and Health Readiness

Participant onboarding, PAR-Q-style health screening, emergency contact, declarations and imagery consent.

Membership type *(required)*

- ☐ Recreational / fitness
- ☐ Development boxing
- ☐ Competitive amateur boxing
- ☐ Coach / volunteer
- ☐ Other

Full legal name *(required)*

Use legal name for licence/insurance records.

Preferred name

Date of birth *(required)*

If under the local adult age, the guardian section is shown.

Competition category *(required)*

Amateur boxing competes in male and female categories; used for the club register.

- ☐ Male
- ☐ Female

Address *(required)*

Mobile / telephone *(required)*

Email *(required)*

Weight (kg)

Required for competitive boxing; units configurable.

Emergency contact name *(required)*

Emergency contact relationship *(required)*

Emergency contact phone *(required)*

Parent / guardian full name *(required, for boxers under 18)*

Relationship to participant *(required, for boxers under 18)*

Parent / guardian phone *(required, for boxers under 18)*

Parent / guardian email *(for boxers under 18)*

Parent / guardian address, if different *(for boxers under 18)*

Parent / guardian acceptance *(required, for boxers under 18)*

The parent or guardian types their full legal name and confirms the declaration on behalf of the young person. Timestamp, version and language are recorded.

Signed:

Name and date:

Has a doctor ever said you have a heart condition or should only exercise under medical advice? *(required)*

- ☐ No
- ☐ Yes

Do you feel chest pain, tightness or unusual shortness of breath during physical activity? *(required)*

☐ No

☐ Yes

In the last month, have you had chest pain when not doing physical activity? *(required)*

☐ No

☐ Yes

Do you lose balance because of dizziness, or have you lost consciousness or had seizures? *(required)*

☐ No

☐ Yes

Do you have a bone, joint, head, neck, back or dental issue that could be worsened by boxing or fitness training? *(required)*

☐ No

☐ Yes

Are you prescribed medication for blood pressure, a heart, breathing or another exercise-relevant condition? *(required)*

☐ No

☐ Yes

Do you know of any other reason why you should not take part in boxing training or physical activity? *(required)*

☐ No

☐ Yes

If you answered Yes to any health question, give details

If any Yes, medical review is required before participation.

Current medications

Allergies

Relevant injuries, conditions or disabilities

Promotional imagery consent *(required)*

Do not pre-select. Refusal will not affect membership, coaching or selection.

- ☐ Yes - appropriate images/video may be used for club/association promotion
- ☐ Yes, but only with the restrictions written below
- ☐ No promotional use

Restrictions on imagery use *(only if it applies)*

Shown when restricted consent is chosen.

Club communications

- ☐ Email
- ☐ SMS / WhatsApp
- ☐ Phone
- ☐ App notification

Participant acceptance *(required)*

Type your full legal name and confirm the declaration. Timestamp, version and language are recorded.

Signed:

Name and date:

Coach Course Application

Application, eligibility, requirements, payment and attendance confirmation for a coaching course.

Course title *(required)*

Can be pre-filled by the provider.

Course dates *(required)*

Applicant confirms acceptance of the attendance requirement.

Full name *(required)*

Date of birth *(required)*

Address *(required)*

Phone *(required)*

Applicant email *(required)*

Used for joining instructions.

Current role *(required)*

- ☐ Boxer
- ☐ Assistant coach
- ☐ Coach
- ☐ Official
- ☐ Volunteer
- ☐ Other

Existing qualifications

Background check / safeguarding clearance status *(required)*

Required where the course involves work with children/vulnerable adults.

- ☐ Current
- ☐ Applied
- ☐ Not yet applied
- ☐ Not required locally

Certificates supplied

Coaching, first aid, safeguarding or equivalent certificates.

Attach a copy of this document with your form.

Endorsing club officer name

Endorsing officer email / phone

Parent / guardian full name *(required, for boxers under 18)*

Relationship to participant *(required, for boxers under 18)*

Parent / guardian phone *(required, for boxers under 18)*

Parent / guardian email *(for boxers under 18)*

Parent / guardian address, if different *(for boxers under 18)*

Parent / guardian acceptance *(required, for boxers under 18)*

The parent or guardian types their full legal name and confirms the declaration on behalf of the young person. Timestamp, version and language are recorded.

Signed:

Name and date:

Applicant acceptance *(required)*

Type your full legal name and confirm the declaration. Timestamp, version and language are recorded.

Signed:

Name and date:

Female Athlete / Pregnancy-Specific Medical Declaration

Competition/camp medical declaration where required by local medical rules. Sensitive - restrict access.

Athlete full name *(required)*

Date of birth *(required)*

Competition / licence number

Pregnancy-specific declaration accepted *(required)*

Do not collect unnecessary medical detail; restrict access.

☐ Yes, I accept the declaration

☐ No

Private medical review requested *(required)*

If Yes, alert the medical lead confidentially.

☐ No

☐ Yes

Parent / guardian acceptance *(required, for boxers under 18)*

The parent or guardian types their full legal name and confirms the declaration on behalf of the young person. Timestamp, version and language are recorded.

Signed:

Name and date:

Athlete acceptance *(required)*

Type your full legal name and confirm the declaration. Timestamp, version and language are recorded.

Signed:

Name and date:

Orthodontic Braces Participation Acknowledgement

Dental risk acknowledgement and under-age consent for participants with orthodontic braces.

Participant full name *(required)*

Date of birth *(required)*

Activity date

Participant has braces *(required)*

If Yes, show acknowledgement and the mouthguard question.

- ☐ Yes
- ☐ No

Activity type *(required)*

- ☐ Non-contact training
- ☐ Controlled contact
- ☐ Sparring
- ☐ Competition

Mouthguard suitable for braces *(required)*

Choose N/A if the participant does not wear braces. If No, block participation in contact activity.

- ☐ Yes
- ☐ No
- ☐ N/A - no braces

Parent / guardian full name *(required, for boxers under 18)*

Relationship to participant *(required, for boxers under 18)*

Parent / guardian phone *(required, for boxers under 18)*

Parent / guardian email *(for boxers under 18)*

Parent / guardian address, if different *(for boxers under 18)*

Parent / guardian acceptance *(required, for boxers under 18)*

The parent or guardian types their full legal name and confirms the declaration on behalf of the young person. Timestamp, version and language are recorded.

Signed:

Name and date:

Participant acceptance *(required)*

Type your full legal name and confirm the declaration. Timestamp, version and language are recorded.

Signed:

Name and date:

Background Check and Suitability Application Pack

DBS-style background check and suitability process, generalised for any jurisdiction.

Applicant full legal name *(required)*

Date of birth *(required)*

Current address *(required)*

Role involves children or vulnerable adults *(required)*

If Yes, an enhanced / local-equivalent check is required where lawful.

- ☐ Yes
- ☐ No

Identity documents

Prefer verifier confirmation over file retention where possible.

Attach a copy of this document with your form.

Background check consent *(required)*

Store declaration version and timestamp.

- ☐ Yes, I consent to a background check
- ☐ No

Applicant acceptance *(required)*

Type your full legal name and confirm the declaration. Timestamp, version and language are recorded.

Signed:

Name and date:

Club Safeguarding and Welfare Statement

Club welfare officer details and policy-compliance statement.

Club welfare / safeguarding officer name *(required)*

Required for affiliation where local rules require.

Welfare officer contact *(required)*

Welfare officer training status

Allow certificate upload and expiry date.

Welfare training certificate

Attach a copy of this document with your form.

Support requested from association

Route to the regional/national welfare team.

Club officer acceptance *(required)*

Type your full legal name and confirm the declaration. Timestamp, version and language are recorded.

Signed:

Name and date:

Athlete Transfer Request

Transfer of an athlete between clubs with old/new club authorisations.

Athlete full name *(required)*

Date of birth *(required)*

Athlete licence / card number

Required for registered competitors.

Current (releasing) club *(required)*

New (receiving) club *(required)*

Release status *(required)*

If not approved, require a reason and association review.

- ☐ Approved by releasing club
- ☐ Not approved

Reason (if not approved)

Medical / licence card

Use secure storage; restrict access.

Attach a copy of this document with your form.

Parent / guardian full name *(required, for boxers under 18)*

Relationship to participant *(required, for boxers under 18)*

Parent / guardian phone *(required, for boxers under 18)*

Parent / guardian email *(for boxers under 18)*

Parent / guardian address, if different *(for boxers under 18)*

Parent / guardian acceptance *(required, for boxers under 18)*

The parent or guardian types their full legal name and confirms the declaration on behalf of the young person. Timestamp, version and language are recorded.

Signed:

Name and date:

Athlete / guardian acceptance *(required)*

Type your full legal name and confirm the declaration. Timestamp, version and language are recorded.

Signed:

Name and date:

Event Risk Assessment

Show/tournament venue, ring, equipment, medical, safety and safeguarding risk controls.

Event name *(required)*

Event date *(required)*

Risk assessor name *(required)*

Venue, ring and equipment inspected and safe *(required)*

If No, require comments/action and an owner.

- ☐ Yes
- ☐ No
- ☐ N/A

Medical cover arranged per local rules *(required)*

- ☐ Yes
- ☐ No
- ☐ N/A

Safeguarding controls in place *(required)*

- ☐ Yes
- ☐ No
- ☐ N/A

Comments / actions / owners

Venue plan

Required for a permit or large events.

Attach a copy of this document with your form.

Insurance certificate

Required where local rules/venue require.

Attach a copy of this document with your form.

Assessor acceptance *(required)*

Type your full legal name and confirm the declaration. Timestamp, version and language are recorded.

Signed:

Name and date:

Event Permit Application

Application to hold a boxing event under local rules.

Event name *(required)*

Event date *(required)*

Event type *(required)*

Used to calculate fee and document requirements.

- ☐ Club show
- ☐ Regional tournament
- ☐ National tournament
- ☐ Exhibition / white collar
- ☐ Other

Venue address *(required)*

Risk assessment *(required)*

Block submission if missing where required.

Attach a copy of this document with your form.

Payment reference

Required if payment is due at application.

Applicant acceptance *(required)*

Type your full legal name and confirm the declaration. Timestamp, version and language are recorded.

Signed:

Name and date:

Athlete Initial Medical Examination

Doctor-led initial medical examination template. Highly restricted access.

Athlete full name *(required)*

Date of birth *(required)*

Examination date *(required)*

Medical decision *(required)*

If unfit or restricted, notify the authorised medical registrar per local process.

- ☐ Fit
- ☐ Fit with restrictions
- ☐ Unfit

Restrictions / notes

Examining doctor name *(required)*

Doctor licence / registration number *(required)*

Replace with the local regulator.

Additional reports

Highly restricted access.

Attach a copy of this document with your form.

Parent / guardian full name *(required, for boxers under 18)*

Relationship to participant *(required, for boxers under 18)*

Parent / guardian phone *(required, for boxers under 18)*

Parent / guardian email *(for boxers under 18)*

Parent / guardian address, if different *(for boxers under 18)*

Parent / guardian acceptance *(required, for boxers under 18)*

The parent or guardian types their full legal name and confirms the declaration on behalf of the young person. Timestamp, version and language are recorded.

Signed:

Name and date:

Doctor acceptance *(required)*

Type your full legal name and confirm the declaration. Timestamp, version and language are recorded.

Signed:

Name and date:

Member Club Profile and Governance Form

Club structure, roles, bank details, policies, media assets and promotional permission.

Official club name *(required)*

Organisation type *(required)*

Options localisable.

- ☐ Unincorporated club
- ☐ Charity
- ☐ Company / CIC
- ☐ Other

Club address *(required)*

Welfare / safeguarding officer

Required where the club has children/vulnerable participants.

Welfare officer contact

Promotional imagery consent *(required)*

Do not pre-select. Refusal will not affect membership, coaching or selection.

- ☐ Yes - appropriate images/video may be used for club/association promotion
- ☐ Yes, but only with the restrictions written below
- ☐ No promotional use

Restrictions on imagery use *(only if it applies)*

Shown when restricted consent is chosen.

Approved club media assets

Confirm consent status for people shown.

Attach a copy of this document with your form.

Insurance certificate

Required for affiliation/inspection where applicable.

Attach a copy of this document with your form.

Bank / payment details

Restrict visibility; use a payment provider integration if possible.

Club officer acceptance *(required)*

Type your full legal name and confirm the declaration. Timestamp, version and language are recorded.

Signed:

Name and date:

Facility Safety Inspection Checklist

Gym inspection, equipment, emergency, accessibility and membership counts.

Facility name *(required)*

Inspection date *(required)*

Equipment inspected and safe *(required)*

If No, require action and target date.

- ☐ Yes
- ☐ No
- ☐ N/A

Emergency and first-aid arrangements in place *(required)*

- ☐ Yes
- ☐ No
- ☐ N/A

Accessibility arrangements reviewed *(required)*

- ☐ Yes
- ☐ No
- ☐ N/A

Actions and target dates

Inspection outcome *(required)*

If re-inspection required, create a task.

- ☐ Pass
- ☐ Pass with actions
- ☐ Re-inspection required

Competitive athlete count

For planning and affiliation metrics.

Inspector acceptance *(required)*

Type your full legal name and confirm the declaration. Timestamp, version and language are recorded.

Signed:

Name and date:

Club Code of Conduct and Rules Pledge

Commitment to rules, conduct, welfare and event discipline.

Rule book / policy version accepted *(required)*

Store version and date for audit.

Exceptions or support requested

Route to the association.

Club pledge signature *(required)*

Type your full legal name and confirm the declaration. Timestamp, version and language are recorded.

Signed:

Name and date:

Annual Affiliation and Registration Form

Annual club, official, coach and athlete registration.

Club name *(required)*

Season / period *(required)*

Registered officials

Registered coaches

Registered athletes

Directory consent *(required)*

Separate public directory from internal association use.

☐ Yes - list us in the public directory

☐ Internal association use only

Payment reference

Required if payment collected with the form.

Club officer acceptance *(required)*

Type your full legal name and confirm the declaration. Timestamp, version and language are recorded.

Signed:

Name and date:

Public Health and Infectious Disease Risk Assessment

COVID-style risk assessment generalised for communicable-disease controls.

Disease / risk context *(required)*

Examples per the pack; localise as needed.

- ☐ Respiratory virus
- ☐ Skin infection
- ☐ Local outbreak
- ☐ General hygiene review

Hygiene and cleaning controls in place *(required)*

If No, require a control/action.

- ☐ Yes
- ☐ No
- ☐ N/A

Symptom / exclusion policy in place *(required)*

- ☐ Yes
- ☐ No
- ☐ N/A

Ventilation and capacity controls in place *(required)*

- ☐ Yes
- ☐ No
- ☐ N/A

Controls / actions

Review date *(required)*

Set an automatic reminder.

Assessor acceptance *(required)*

Type your full legal name and confirm the declaration. Timestamp, version and language are recorded.

Signed:

Name and date:

Child Safeguarding Concern Report

Safeguarding concern reporting form from the child-safeguarding guidance framework.

Child / young person concerned *(required)*

Name or a club reference for the young person the concern is about.

Their approximate age or date of birth

Their club (if known)

Safeguarding concern type *(required)*

- ☐ Physical
- ☐ Emotional
- ☐ Sexual
- ☐ Neglect
- ☐ Bullying
- ☐ Exploitation
- ☐ Other

Description of the concern *(required)*

Immediate risk *(required)*

If Yes, show the emergency instruction.

- ☐ Yes
- ☐ No

Club welfare officer *(required)*

Show publicly where appropriate.

Reporter name *(required)*

Policy review date

Set an annual reminder.

Reporter acceptance *(required)*

Type your full legal name and confirm the declaration. Timestamp, version and language are recorded.

Signed:

Name and date:

Club Standard Self-Assessment Scorecard

A practical maturity scorecard for the global standard (score each item 0-4).

Club name *(required)*

Governance score (0-4) *(required)*

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4

Safeguarding score (0-4) *(required)*

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4

Participant safety score (0-4) *(required)*

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4

Facility safety score (0-4) *(required)*

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4

Competition and events score (0-4) *(required)*

- ☐ 0

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4

Evidence for scores

Required for a score of 3 or 4 if the association audits evidence.

Attach a copy of this document with your form.

Overall status *(required)*

May be calculated from the total or set by a reviewer.

- ☐ Foundation
- ☐ Developing
- ☐ Established
- ☐ Leading

Club officer acceptance *(required)*

Type your full legal name and confirm the declaration. Timestamp, version and language are recorded.

Signed:

_____

Name and date:

_____