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:
