 **CUBAN BOXING ACADEMY**

 **Senior Membership Details 2021**

c/o Harrow Club, 187 Feston Road, London W10 6TH

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Please Print Your Full Name**

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Tel:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mobile:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Post Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT NOTE FOR ALL POTENTIAL BOXERS:** the following are the most common disorders that will automatically result in failure to pass the initial medical examination

1. Epilepsy
2. Eye surgery, including laser, except squint correction (also very poor eyesight)
3. Head injury requiring surgery
4. Hepatitis B / C or HIV Infection
5. Insulin dependent diabetes
6. Sever asthma
7. Sickle cell disease (not Sickle Cell Trait)
8. Females: Breast Implants

If you have any of the above you should **NOT** proceed with the expense of a medical examination.

Please answer the following questions regarding your general health:

*If you are under 18 years of age, this section should be filled in by a parent or guardian.*

**Personal History Questionnaire**

(Boxer / Parent to complete before medical examination) (\* Delete as appropriate)

Have you ever been diagnosed with: ` (Y = Yes / N = No)

Heart disease including high blood pressure Y / N\*

Lung disease including asthma or TB Y / N\*

Liver disease including hepatitis Y / N\*

Kidney disease Y / N\*

Diabetes mellitus Y / N\*

Any blood disorder including hemophilia, sickle cell / anemia Y / N\*

Head Injury requiring hospital treatment Y / N\*

Other neurological disease including epilepsy, fits, faints or dizzy spells Y / N\*

Back or joint problems Y / N\*

Eye problems requiring specialist treatment Y / N\*

Infectious diseases including sexually transmitted diseases Y / N\*

Breast disease requiring surgery – including implants Y / N\*

Significant gynecological disorders (female boxers only) Y / N\*

Have you had any injuries including broken bones Y / N\*

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**Please provide details**

Have you had any operations? Y / N\*

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**Please provide details**

Have you been admitted to hospital for any illness or injury not mentioned above? Y / N\*

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**Please provide details**

Are you seeing a doctor or having any treatment now? Y / N\*

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**Please provide details**

**Medication History**

Are you currently taking any medications from your Doctor?

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**Please provide details**

Do you take any other non-prescribed medications or supplements?

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**Please provide details**

Are you currently taking, or have you ever taken illegal drugs?

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**Please provide details**

**Family History**

Does anyone in your family suffer from the following:

Sudden death under age of 40 years (males) or 50 years (females) Y / N\*

Sickle cell disease Y / N\*

Kidney disease (especially polycystic kidney disease) Y / N\*

TB Y / N\*

Any other family disease?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please list and give information of any of the above)

**I confirm the information provided above is correct to the best of my knowledge at the time of signing this document.**

I confirm that should any of the information change:

* Significant change in health
* Any hospitalization
* Any invasive surgery
* Change to or commencement of ongoing medication
* Change in contact details

I will advise Cuban Boxing Academy of such changes immediately.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **CUBAN BOXING ACADEMY**

 **MEMBERSHIP RULES & IMAGE AUTHORISATION**

1. All applicants shall complete and sign a membership application form and by appending their signature to this form shall signify their acceptance of, and commitment to, the constitution, rules and regulations of the club;
2. Incorrect information provided on an application form shall render the member liable to expulsion from the club. Any member expelled from the club is not entitled to a refund;
3. Any member may resign from the club by notifying a club coach;
4. Any coach can issue a warning to any member for conduct that is deemed to be behaving in a manner that is disruptive, disrespectful or brings the name of the club into disrepute. Warnings can be issued for behaviour during training or at any other event that the member is representing the club or while traveling to/from any said event;
5. Any coach can suspend a member from the club provided the member has been given a warning within the one year period preceding the suspension. Suspensions can be for any duration up to a maximum of one month;
6. The club committee shall have the right to expel any member under any circumstances provided the said member has been granted the opportunity to define him/herself before the committee. The decision of the meeting shall be notified to the member within 7 days after the meeting. A member shall only be expelled by a committee meeting provided there is at least a two-third majority in favour of the motion to expel.
7. Once the member has been notified of disciplinary action then that member is automatically suspended and not allowed to attend club training/events or competition until the committee decision.
8. Membership fee and training dues shall be set by the club committee. Training dues for up to 3 sessions can be paid in advance for the week commencing. Membership fees shall be payable annually in advance on the first day of January. Memberships joining during the year shall pay pro rata. Any person who has not paid his/her membership fee by 31st January annually may be expelled from the club, but may reapply for membership at any time;

***I have read the information contained on this form and hereby consent to take part in boxing activity sessions including sparring and understand and agree to participate in boxing sessions under the instruction of qualified coaches entirely at my own risk. I have considered the nature of such sessions and I am satisfied that I am responsible and competent to assume responsibility for my own safety under the supervision of a qualified coach. I confirm that I do not have any medical disability or medical condition (not disclosed) that could affect my ability to participate safely in boxing sessions.***

**IMAGE AUTHORISATION**

The Cuban Boxing Academy will on occasion look to utilise images of its student members in order to advertise the academy and the work that is done within it. The use of these images may be used within various mediums, these may include, but will not be limited to promotional leaflets, the Cuban Boxing Academy Facebook page, the Cuban Boxing Academy You Tube and Instagram Account and press releases, to name a few. We share your concern for the privacy and security of all our members. If you wish to withhold permission for the use of your image, you may do so in the appropriate space below.

**Specific Authorisation**

I GRANT / WITHOLD permission for the use of photographic images of myself.

\* Delete the line that is **not** appropriate

**Members Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Please Print Your Full Name**

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_