



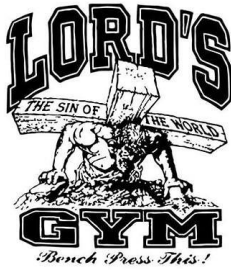
# Acceptance Narrative

Give us a detailed one or two paragraph essay on why you would like to be apart of the Community Boxing Program and Mind Fitness Attitude Boxing. Tell us a little about yourself.

1. What are your personal goals?
2. Do you understand the expectations and commitments required to be successful at MFA? Please explain in more detail.
3. ? What is your current state of physical conditioning and activity? Have you participated in other sports or physical activity? If so, which ones?
4. Please share the personal attributes that you believe to be positive as well as negative? How do they effect your goals and aspirations?
5. Where would you like to make improvements outside of boxing?
6. If you are selected to participate in the program, what would you like to achieve MFA?
7. Please tell us how you learned about our program.



# Acceptance Narrative



## Program Overview

This community boxing program is a partnership between the Safe Communities Task Force, Mind Fitness Attitude (MFA) Boxing, and Lord's Gym. Our goal is to provide a structured and positive environment where young people can remain active and safe during unstructured hours.

The community boxing program uses the "student/athlete model" so that our student/athletes are able to reach their full potential in the classroom. This allows the coaches and program staff to keep track of their academic and behavioral progress. Participation in the community boxing program is a privilege, not a right. If the student/athletes are able to meet behavioral and academic expectations, the boxing classes become a motivational reward for reaching them. The community boxing program also gives the student/athletes a chance to practice leadership skills such as sportsmanship, respect, being a life-long learner, team work, and managing impulsiveness as well as boosting self-confidence. This program becomes a motivational reward as well as a community of support for all student/athletes.

## Student/Athlete Guidelines

When you make the decision to join and commit to this program you will be representing the Safe Communities Task Force, MFA Boxing, and the Lord's Gym. With that in mind, you will be held to extremely high expectations.

### **We will:**

- Be respectful, kind, and understanding of one another
- Listen and follow instructions and be coachable
- Not interrupt when others are speaking
- Not tolerate any forms of violence, inappropriate language, and bullying
- Be respectful of personal and community property



# Acceptance Narrative

- Take care of our gym, the church building, and our community
- Include others and embrace differences
- Have FUN

## Rules:

- Arrive at least 30 minutes before practice starts to take care of business and be ready!
- No foul or inappropriate language
- Respect community property and property of others
- When sparring, proper boxing gloves, headgear, and mouth piece must be worn
- Gloves and hand wraps must be worn when working with mitts and bags
- Attend all your weekly workouts unless you have been excused by coaches in ADVANCE
- Always be improving and strive for excellence by giving your best effort

## General Requirements

Program orientations are held the last Thursday of each month from 7-8 PM at Lord's Gym. **Parent/Guardian is required to attend the orientation with the potential student/athlete.**

**New student/athletes accepted into the program will practice on Tuesdays and Thursdays until they develop and meet requirements to be promoted to higher level training M/W/F**

**You will need to wear good workout shoes with socks, athletic shorts, and a t-shirt.**

**Every Monday or Tuesday by 4 PM:** Progress reports are to be submitted to program staff for approval and permission to participate that week. There are computers with internet access available from 2:30 – 4:00 to support student/athletes with schoolwork. Progress report must meet the following requirements for you to participate for the week:

- All students must be showing progress in all their classes
- Student demonstrates appropriate behavior in all classes all week long
- Student completes most assignments for the week
- Student actively participates in all class activities all week long
- Student attends class on time and is present on most days all week

**Our higher level training will be held on Monday, Wednesday, and Friday from 4:30 – 6:00 PM.** By applying for this program, you will be REQUIRED to make continuous progress toward the above rules, guidelines, and requirements.

Print Name (Student/Athlete) \_\_\_\_\_



# Acceptance Narrative

Signature (Student/Athlete) \_\_\_\_\_

Print Name (Parent/Guardian) \_\_\_\_\_

Signature (Parent/Guardian) \_\_\_\_\_

## Registration Form

### Participant Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City/State \_\_\_\_\_

Zip Code \_\_\_\_\_ Gender(circle one): Male Female

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ School or GED Program \_\_\_\_\_

Grade in school \_\_\_\_\_

Home Phone # \_\_\_\_\_

Mobile # \_\_\_\_\_

Email address \_\_\_\_\_

### Parent/Guardian Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City/State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_



# Acceptance Narrative

Street Address \_\_\_\_\_ City/State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

## Medical Information

Do you have medical insurance?(Circle One)      Yes      No

If yes, please provide a copy of your child's medical card.

In case of emergency, preferred hospital? \_\_\_\_\_

Food or Medical Allergies, Inhalers etc.? \_\_\_\_\_

Special needs consideration (ADHD, Dislexia, Physical, etc.) \_\_\_\_\_

Please provide any additional information about your child that may be helpful for the coaches and staff to ensure success. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Acceptance Narrative

## MINOR WAIVER/RELEASE

### RELEASE OF LIABILITY FOR MINOR PARTICIPANTS – READ BEFORE SIGNING

#### **RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT IN FAVOR OF MIND FITNESS ATTITUDE BOXING**

I understand that there are risks and dangers in participating in boxing activities and that in order to participate, in any such activities, including classes/training, I must give up my rights to hold Mind Fitness Attitude Boxing and any other entity or charity associated with Mind Fitness Attitude Boxing, responsible or liable for any damage that I may suffer while participating in such classes/training provided by Mind Fitness Attitude Boxing, waiting at or on Mind Fitness Attitude Boxing premises to participate in such classes/training, walking through the premises at Mind Fitness Attitude Boxing prior to or after such classes. Knowing this and in consideration for being permitted to participate in boxing/training with Mind Fitness Attitude Boxing, I hereby voluntarily forever release, discharge and hold completely harmless Mind Fitness Attitude Boxing, and all other entities or charities associated with Mind Fitness Attitude Boxing, and their members, officers, directors, agents, employees, heirs, assigns and independent contractors from any and all responsibility for, or liability resulting from or arising from, my participating in boxing classes/training at Mind Fitness Attitude Boxing, and being on the premises at Mind Fitness Attitude Boxing,

I understand that the boxing classes provided at Mind Fitness Attitude Boxing may include, but will not be limited to, activities such as kicking, punching, hitting, stretching, jabbing, falling, yelling, Sparring. I realize that these activities, as well as all other boxing activities, can be dangerous, but I am voluntarily choosing to participate in some or all of these activities and agree to assume the risk associated with my participation therein.

I understand that I am assuming full responsibility for any and all risks of death, personal injury, emotional pain and suffering, property damage and economic loss that might be suffered by me as a result of my participation in boxing classes at Mind Fitness Attitude Boxing. I agree that



# Acceptance Narrative

this release shall bind me, my spouse, my heirs, my personal representatives, my assigns, my children and my and those previously mentioned, agents.

I hereby further agree to release, indemnify and hold completely harmless Mind Fitness Attitude Boxing, and all other entities associated with Mind Fitness Attitude Boxing and their members, officers, directors, agents, employees, heirs, assigns and

independent contractors harmless from any and all liability and cost, including attorney fees, associated with or arising from my participating in Boxing classes/training at Mind Fitness Attitude Boxing, waiting at or on Mind Fitness Attitude Boxing premises to participate in such classes/training, and walking through the premises at Mind Fitness Attitude Boxing prior to or after such classes/training.

I understand that if I were to file a lawsuit against Mind Fitness Attitude Boxing, or any other entity associated with Mind Fitness Attitude Boxing and/or their members, officers, directors, agents, employees, heirs, assigns and independent contractors as a result of any personal injury including death, emotional pain and suffering, property damage or economic loss suffered by me as a result of my participation in boxing classes/training at Mind Fitness Attitude Boxing, waiting at or on Mind Fitness Attitude Boxing premises to participate in such classes/training, and walking through the premises at Mind Fitness Attitude Boxing prior to or after such classes/training, that this release would bar the lawsuit and the court would dismiss it on the ground that by signing this release, I have expressly assumed all the risks associated with participation in such activities, including, but not limited to, negligence on the part of the martial arts instructors in the performance of their duties, negligence by other members of Mind Fitness Attitude Boxing, negligence in the operation of machinery or equipment, and/or premises liability.

If I am signing this release on behalf of a minor child, I understand that I am giving up the same rights for the said minor as if I signed this release on my own behalf, I have read this agreement and understand the words and language in it and I am advised of all potential danger incidental to participation in boxing classes/training at Mind Fitness Attitude Boxing, including travel to and from.

I agree that this is a document consisting of a total of one page and that I have been presented, have read and understood the contents contained herein and the rights that I am giving up by signing below where indicated.



# Acceptance Narrative

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## **Release for Use of Photos Parental/Guardian Release for Use of Photos**

I understand that the Community Boxing Program may use photos or videos of/from gym activities or boxing events which may include my child(ren) or family members for purposes which may include, but not be limited to, fundraising, public relations and posting at the gym facility (including but not limited to brochures, photo books, collages) and, on behalf of my child(ren) and family, I agree to allow the Hoover Boxing Program to use photos for these purposes without further need for permission or authorization.

Participants Name(s): \_\_\_\_\_

(Parent/Guardian Signature) \_\_\_\_\_

(Print Name) (Date Signed): \_\_\_\_\_

## **Permission for Transportation Parental/Guardian Release for Transportation**





# Acceptance Narrative

I give the Community Boxing Program trainers and volunteer permission to transport my child to the gym and events by chartered bus, public transportation, rented or leased vehicle and personal vehicles as a participant in the Community Boxing Program.

Participants Name(s): \_\_\_\_\_

(Parent/Guardian Signature) \_\_\_\_\_

(Print Name) (Date Signed): \_\_\_\_\_