

ABC Youth Foundation

3131 Market Street
San Diego, CA 92102
619.234.2200



Member Application

Please Check One:	<input type="checkbox"/> Adult	<input type="checkbox"/> Child	<input type="checkbox"/> Volunteer
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Participant's Information

First Name: _____ Last Name: _____ (Circle): **Male** **Female**

Birth Date: ____/____/____ Current Grade: _____ School: _____

Address: _____ City: _____ State: _____ Zip Code: _____

** List any medical conditions, allergies, etc.: _____

Parent/ Guardian Information

1. Name: _____ Phone: _____

Email: _____

2. Name: _____ Phone: _____

Email: _____

** Emergency Contact: _____ Phone: _____

Statistical Information

Ethnicity (Circle): ~~Black/African American/Other African~~ ~~White/Caucasian~~ ~~Latino/Hispanic American~~
Indian/Alaska Native Asian/Asian American Pacific Islander/ Hawaiian Multiracial/Other

Primary Home Language (Circle one): **English** **Spanish** **Other:** _____

ABC Youth Foundation Liability Waiver

In consideration of Any Body Can Youth Foundation granting my child the privilege of participating in ABC's Boxing and tutorial program, I hereby covenant not to sue and agree to release, discharge, hold harmless and indemnify ABC Youth Foundation, its trustees, officers, affiliates, and board members (collectively ABC Youth Foundation) from and against any and all liability, claims, damages, actions, or causes of action whatsoever, for loss, damage or injury to person or property, including but not limited to, acts or omissions constituting negligence on ABC's part, except for willful or wanton negligence or misconduct. I acknowledge that I have been advised of potential dangers inherent in the program and that I am personally responsible for and voluntarily assume that the risks of injury or damage to person or property, except as limited above.

Child's Name Parent/ Legal Guardian Signature Date

ABC Youth Foundation Photo/Video Release Form

I hereby grant the ABC Youth Foundation the absolute and irrevocable right and unrestricted permission in respect to video footage, photographic portraits or pictures that they have taken of me or in which I may be included with others, to use, reuse, publish and republish the same in whole or in part, individually or in any and all media now or here after known, and for legal business purpose in connection with ABC Youth Foundation whatsoever without restriction as to alteration; and to use ABC Youth Foundation's name in connection therewith if ABC Youth Foundation so chooses.

Date of First Payment: _____

Payment Received By (staff):: _____

Payment Amount: _____

Membership Info Documented by (staff): _____

Membership ID Card Created on (date): _____

By (staff): _____

COMMENTS: _____
