RENTON
BOXING CLUB

MEMBER REGISTRATION FORM

BOXING AND FITNESS / AGES 16 AND OVER



Please complete all sections clearly and give accurate information so our coaches can support your participation.

Before you train

If you have a health condition or are unsure whether boxing or fitness activities are safe for you, speak to your GP before taking part. If you are 16 or 17, a parent or guardian must sign the consent section on page 3 and complete and sign the under-18 readiness and consent form on the final two pages before you start training.

01 Member details

Full name

Preferred name

Date of birth

Pronouns (optional)

Home address

Town or city

Postcode

Mobile phone

Alternative phone

Email address

Preferred contact method ☐ Phone ☐ Text ☐ Email

02 Emergency contact

Full name

Relationship to you

Primary phone

Alternative phone

03 Boxing and fitness experience

Current or previous boxing experience

☐ None ☐ Beginner ☐ Intermediate ☐ Advanced

Other sports, fitness or martial arts experience

Years of experience

Date last active

Anything else you would like us to know about your experience?

Training and health

04 Training goals and preferences

Goals and activities (tick all that apply)

- ☐ Build strength, conditioning and fitness
- ☐ Improve confidence, focus and manage stress
- ☐ Prepare for sparring or competition
- ☐ Bag work and pad work
- ☐ Boxing fundamentals and technique
- ☐ General health and wellbeing
- ☐ Fitness and conditioning sessions
- ☐ Sparring (subject to eligibility and approval)

Other goals

Preferred training days or times

How did you hear about Renton Boxing Club Gym?

New to boxing? Our coaches will help you start at a suitable level. Ask the club about eligibility for sparring or competition.

05 Health and medical information

Tell us about any condition, medication, injury or limitation that may affect your training. This helps coaches plan suitable sessions.

Has a healthcare professional advised you to restrict or avoid physical activity?

☐ No ☐ Yes If yes, please explain below.

Do you have, or have you previously had, any of the following?

- ☐ Heart or cardiovascular condition
- ☐ Asthma or breathing condition
- ☐ Seizures, fainting or loss of consciousness
- ☐ Head or neck injury, or concussion
- ☐ None of the above
- ☐ High blood pressure
- ☐ Diabetes or blood sugar condition
- ☐ Bone, joint, muscle or mobility condition
- ☐ Allergy or another relevant condition

Details of any health condition, injury, restriction or concern

Current medications

Allergies

Anything else our coaches should know?

Wellbeing and consent

06 Member services and wellbeing (optional)

Would you be interested in joining our men's or women's mental health peer support group?

☐ Yes ☐ No ☐ I'd like to know more

Would you like to hear more about our chef-prepared meals and meal plans for healthy eating or to support your boxing and fitness training?

☐ Yes ☐ No

> **Breathing Space / NHS 24**
>
> "You matter, we care." If you're feeling low, anxious or overwhelmed, call **0800 83 85 87** for free, confidential support. In the 2024 Scottish Health Survey, 22 in 100 adults in Scotland reported symptoms suggesting possible mental health difficulties.

07 Consent and declaration

Please initial each statement to confirm your understanding.

_____ The information I have provided is complete and accurate to the best of my knowledge.

_____ I understand that boxing and fitness training involve physical exertion and a risk of injury.

_____ I agree to follow coach instructions, gym rules and safe training practices.

_____ I will tell the club if my health, medication or ability to participate changes.

_____ I understand that staff may stop or adjust my training if they have a safety concern.

_____ I consent to the club contacting my emergency contact if needed in an emergency.

By signing, I confirm that I have read and understood this form, had the opportunity to ask questions and choose to take part in club activities.

Member signature **Date**

Printed name

Parent or guardian consent (members aged 16 or 17)

I give permission for the member named on this form to take part in boxing and fitness activities at Renton Boxing Club Gym.

Parent or guardian name **Relationship to member**

Parent or guardian signature **Date**

08 Club use only

Staff name **Staff signature**

☐ Health details reviewed ☐ Parent or guardian consent confirmed (under 18)

Staff notes or follow-up required

Photography consent

09 Optional permission for photography and promotion

Renton Boxing Club Gym would like permission to take photographs of you during club activities at the gym and use them to advertise and promote the club and its activities. Tick each use you agree to. Leave the boxes blank if you do not give permission.

Your choice

Photography consent is optional. Your choices do not affect your membership or ability to train. Members aged 16 or 17 and their parent or guardian must both sign to give permission.

Where the club may use or share your photos

- ☐ Renton Boxing Club social media accounts
- ☐ Renton Boxing Club website and other digital or printed marketing materials
- ☐ Media outlets for club coverage or promotion
- ☐ Partner organisations for club or partnership promotion

You can withdraw your consent at any time by contacting the club secretary. The club will stop future use covered by your withdrawal. Copies already printed, published or shared publicly may still be available.

Sign for the choices you ticked

Member name

Member signature

Date

Parent or guardian name (for members aged 16 or 17)

Relationship to member

Parent or guardian signature (for members aged 16 or 17)

Date

Under-18 Physical Activity Readiness Questionnaire and Consent Form

Renton Box Club

To be completed and signed by Parent or Guardian

Name of Child _____

D.O.B. _____

Parent/ Guardian _____

Address _____

Town/City _____ **Post Code** _____

Tel (Day) _____ **Tel (Evening)** _____

Email _____

Family Doctor _____ **Doctor's Tel Number** _____

Club Renton Box Club **Activity**_____

Emergency Contact Detail; (If different from those above) _____

Name _____ **Tel**_____

Mobile _____ **Relationship to Child** _____

Does your Child have now, or have had in the past (please circle as appropriate)?

History of heart problems, chest pains or stroke within your family	Yes	No
Increased or low blood pressure	Yes	No
Advice from Doctor stating not to exercise	Yes	No
Surgery within the last 12 months	Yes	No
Pregnancy now or within the last 3 months (only tick when applicable)	Yes	No
History of breathing or lung problems	Yes	No
Muscle, joint or back disorder or any previous injury affecting their ability	Yes	No
Diabetes or thyroid condition	Yes	No
Hernia or condition that may be aggravated by lifting weights	Yes	No
Any recent injuries	Yes	No

Does your child suffer from any medical conditions/allergies that the club/coach should be aware of (please state)?

_____

_____

Please Provide details of medication that must be administered_____

_____

CONSENT (please read carefully)

a) I agree to my child taking part in activities of the Renton Box Club.
b) I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those listed above.
c) I consent to my child travelling by any form of public transport, minibus or motor vehicle driven by a club coach or any other parent attending, to any event in which the club is participating.
d) I understand that the Club or Organisers accept no responsibility for loss, damage or injury caused by or during attendance on any of the clubs organised activities except where such loss, damage or injury can be shown to result directly from negligence of the Club or Organiser.

I give my consent for my child to take part in supervised controlled sparring within the club

YES NO

I declare to the best of my knowledge I know of no reason why my Child should not participate in a personalised programme or exercise class. They take part in any recommended programme or exercise class entirely at their own risk and waive any legal recourse for damages or property arising from their participation.

Signature: _____

Name: _____

Date: _____

- **Once completed, this document is to be held in the Club Pack for future reference only and in event of an emergency. iaw. GDPR.**