



ALL OR NOTHING BOXING ACADEMY



MEMBERSHIP APPLICATION

APPLICANT INFORMATION

| | | |
|------------------|--------|-----------|
| Name: | | |
| Date of birth: | Phone: | |
| Current Address: | | |
| City: | State: | Zip Code: |

PARENT'S INFORMATION (if under 18 years old)

| | | |
|----------------|--------|-----------|
| Parent's Name: | | |
| Address: | Phone: | |
| City: | State: | Zip Code: |

EMERGENCY CONTACT

| | | |
|---|--------|-----------|
| Name of a relative not residing with you: | | |
| Address: | Phone: | |
| City: | State: | Zip Code: |

SPOUSE/CHILD INFORMATION IF JOINT MEMBERSHIP

| | | |
|----------------|--------|--|
| Name: | | |
| Date of birth: | Phone: | |

THE FOLLOWING MEMBERSHIP OPTIONS

| | |
|--|--|
| Adult Memberships \$50 per month ***MEMBERSHIPS DUES ARE DUE ON 1ST OF EACH MONTH | Children 17 and under Memeberships \$35 per month |
|--|--|

NO REFUNDS

| | |
|--|-------|
| SIGNATURES | |
| All of Nothing Boxing Gym is not liable for any injuries, loss or stolen items, car damages or anything left in the gym on its property. Please read and sign the attached <i>Consents, Release, Waiver, and Liability Indemity Agreement.</i> | |
| Signature of applicant: (parent if under 18) | Date: |