

## RAINCROSS BOXING ACADEMY

# RULES & REGULATIONS

### BEFORE YOU BOX – GO TO THE FRONT DESK

- ✓ Sign in upon entrance
- ✓ Check in/out any borrowed gear
- ✓ Direct parents/guests to the observation area. Parents/Guests are not allowed on the boxing floor. No coaching may be done from the observation area.

### ON THE BOXING FLOOR

- ✓ Shirts must be worn on gym floor at all times.
- ✓ No cursing or foul language on the premises.
- ✓ Respect the property of others. Turn in anything that isn't yours.
- ✓ No food allowed on boxing floor. Please dispose of water bottles in the trash bins
- ✓ No sparring allowed without the permission/supervision of Management.
- ✓ Report to Management any medical conditions, use of any medications, or any sudden pain/discomfort.
- ✓ No excessive cell phone use or mingling with friends. You are here to TRAIN.

### ETHICS & DISCIPLINE

- ✓ Do not use your newly acquired skills outside of the gym. We are not here to teach you to harm others.
- ✓ Lead a healthy and happy life. Make smart choices in your diet as well as your personal life. Be smart and safe.
- ✓ School Before Sports. As part of your membership, we ask that abide by the policy of the tutors

### INFRACTIONS

- ✓ All students are expected to abide by the rules set within tutoring and training
- ✓ The highest level of respect is expected to be shown to all staff members and volunteers
- ✓ Bullying is not tolerated whatsoever and can result in immediate suspension and/or removal from the program
- ✓ Disregard for equipment and property will result in loss of training privileges and possible further action
- ✓ All needed disciplinary action will be taken at the discretion of RBA Staff

# RAINCROSS BOXING ACADEMY

## MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Name:

Date of birth:

Email:

Phone:

Current address:

City:

State:

ZIP Code:

Adult      Youth (8-17 years) *(Please circle)*

School/Employer:

### EMERGENCY CONTACT/PARENT OR GUARDIAN INFORMATION/MEDICAL INFORMATION

Name:

Relationship:

Phone:

Email:

Physician:

City:

Phone:

Insurance:

Prior Injuries or Medical Conditions *(include dates)*:

### EXPERIENCE / BACKGROUND INFORMATION / GOALS

Boxing Experience *(explain)*:

Boxing Goals *(explain)*:

STUDENTS ONLY

Current GPA:

Goals:

Subjects that need tutoring assistance:

### GOALS OF RAINCROSS BOXING ACADEMY

I acknowledge and will adhere to the fulfillment of the following goals of the Raincross Boxing Academy:

- We will instruct in the Art of Boxing
- We will instill accountability in academics and physical fitness
- We will teach and perform the concept of community service
- We will encourage youth and develop self-esteem through a team that will focus on positive reinforcement

**Membership is contingent upon adherence to these goals.**

Boxer Signature:

Date:

Parent Signature *(if minor)*:

Phone:

### WAIVER OF LIABILITY

I (we), Individually (or as Parent/Guardian(s) if applicable), understand and appreciate that participation in sports carries a risk to the participant of serious injury, including permanent paralysis or death. I (we) voluntarily and knowingly recognize, accept, and assume this risk.

I (We) agree to abide by the rules of RAINCROSS BOXING ACADEMY. I (We) fully understand that I (we) assume all responsibility for any injury that may incur in this boxing facility. I (We) understand and agree that medical or other services rendered to myself/youth by or at the instance of any of the named parties is not an admission of liability to provide or continue to provide any such services and is not a waiver by any of said parties of any right or rights hereunder.

I (We) certify there has not been any injury to his/her hands, consisting of fractures or broken bones, or injuries to his head, including, but not limited to, concussions within three (3) months preceding the date of this consent form, that I/Youth has been seen by his/her physician and deemed to be in good health, and I (we) know of no other injuries that has been sustained which may reoccur in this boxing facility.

#### Waiver

I (We) (or as the Parent/Guardian of \_\_\_\_\_), the applicant, hereby consent to the membership of said applicant at RAINCROSS BOXING ACADEMY, to which this form applies and for myself (ourselves), my (our) heirs, executors, administrators, and assigns waive and release any and all right to claim for damages I (we) may or might have against RAINCROSS BOXING ACADEMY, University of California, Riverside, Riverside Police Department, and any other member, coach, tutor or guest of the RAINCROSS BOXING ACADEMY.

Boxer Signature:

Date:

Parent Signature *(if minor)*:

Date:

**PLEASE MAIL TO P.O. BOX 52353, RIVERSIDE, CA 92517 OR EMAIL TO INFO@RAINCROSSBOXINGACADEMY.COM WE WILL BE CONTACTING YOU WITHIN A WEEK OF RECEIPT OF THIS APPLICATION. THANK YOU!**

## Release Form for Media Recording

I, the undersigned, (parent/guardian of \_\_\_\_\_) do hereby consent and agree that RAINCROSS BOXING ACADEMY, its employees, or agents have the right to take photographs, videotape, or digital recordings of me to use these in any and all media, now or hereafter known, and exclusively for the purpose of boxing. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to RAINCROSS BOXING ACADEMY, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that RAINCROSS BOXING ACADEMY is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

---

Name

---

(Relationship to Youth, if applicable)

---

Phone

---

Address

---

Signature

Date