



**ADULT MEMBERSHIP APPLICATION
CHICAGO YOUTH BOXING CLUB
2300 S. Millard
Chicago, IL 60623
773 521-9555**

EACH MEMBER IS REQUIRED TO FURNISH THE FOLLOWING ITEMS BEFORE SHE/HE IS ALLOWED TO PARTICIPATE:

- 1. Photo copy of a drivers license, birth certificate, school ID or equivalent**
- 2. Completed membership application**
- 3. Completed fighter liability waiver**
- 4. U.S.A. Boxing license application and membership fee (ask for pricing)**
- 5. First Month's membership fee \$30.00**

Last Name: _____

First Name _____ **Middle Initial** _____

Home Address: _____

Home Phone Number: _____ **Alternate Phone Number** _____

Email: _____

Male ____ **Female** _____

Date of Birth: _____ **Age** _____

Height: _____

Weight: _____

Eye Color: _____

Hair Color: _____

Contact Information (in case of an emergency):

Name: _____ **Phone Number:** _____

ADMINISTRATIVE USE ONLY

Date of Application: _____ **Accepted:** Yes _____ No ____

USA Boxing Application processed: _____ **Membership Payment amount/received:** ____ / ____

Attach Photo

Initial