



**YOUTH 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 \$35.00 membership fee**
- 5. First Month's Membership fee \$10.00**
- 6. Copy of School of Physical**

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Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

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Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

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Medical issues (if any): \_\_\_\_\_

Allergies: Food: \_\_\_\_\_ Medication: \_\_\_\_\_

If participant is on medication, state type: \_\_\_\_\_

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Guardian/Mother's full name (including maiden name): \_\_\_\_\_

Place of employment: \_\_\_\_\_

Work number: \_\_\_\_\_

Guardian/Father's full name: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Work number: \_\_\_\_\_

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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** \_\_\_\_\_