



**WINTER 2008 CYBC**  
**AFTER – SCHOOL YOUTH PROGRAM APPLICATION**  
**APPLICATIONS DUE JANUARY 2, 2008**

**The Chicago Youth Boxing Club**

Established in 2001, the Chicago Youth Boxing Club (CYBC) is a non-profit organization dedicated to the social, educational and physical well-being of Chicago's inner-city youth. CYBC encourages positive youth development through boxing. CYBC aims to instill the value of good sportsmanship, team unity and self-respect. CYBC is registered with USA Boxing.

**Youth Program**

CYBC after-school youth program consists of session held over 13 weeks (January 14-April 5, 2008). A team of trained CYBC coaches oversees the youth program, which meets five days a week and includes both boxing training and out of ring youth development. Each session is an hour and fifteen minutes. Youth are invited to stay after set-program hours as long as they abide by gym rules. The CYBC gym is closed to the general public during the after-school program to help youth focus. The cost of the program is \$65 and includes USA Boxing License and CYBC program fees. A limited number of scholarships are available

**In-Ring training**

Monday, Tuesday, Wednesday and Friday

**Out of Ring sessions**

Thursday

**Sessions hours:**

8-13 year olds - 3:00pm-4:15pm

14-18 year olds – 4:30pm- 5:45pm

**Rules**

- Youth must arrive 15 minutes early and be ready to participate in the program at start time.
- Youth are required to attend all sessions; failure to do so may result in removal from program.
- Youth are required to complete all out of ring assignments in order to participate in any and all training sessions.
- Youth must have complete applications in order to be considered for the program.
- Space is limited. Youth and their families will be notified by January 9, 2008 if they are accepted into the program.

**UPON ACCEPTANCE EACH YOUTH 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. Two headshot photos
  3. Completed Liability Release Form (signed by a parent or guardian for applicants under 18 years old)
  4. Completed USA Boxing License Form
  5. \$65.00 Program Fee (includes U.S.A. Boxing License and CYBC program fees)
  6. Copy of School of physical
- Scholarships available**

**CYBC After-School Application Checklist**

**You must have all the following forms before your application can be reviewed:**

- \_\_\_\_\_ Completed Youth Program Application**
- \_\_\_\_\_ Completed Liability Release Form (signed by a parent or guardian for applicants under 18 years old)**

**APPLICATIONS DUE JANUARY 2, 2008**

**WINTER 2008 CYBC  
YOUTH PROGRAM APPLICATION  
2300 S. Millard  
Chicago, IL 60623  
773 521-9555**

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

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

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

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

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

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

---

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ G.P.A. (current) \_\_\_\_\_

---

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

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

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

---

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

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

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

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

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

Name and address of participant's insurance company (if any): \_\_\_\_\_

Contact Information (in case of an emergency):

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Complete Back of Form**

**APPLICATIONS DUE JANUARY 2, 2008**

**Please review and sign the attached Liability Release Form.**

---

---

**ADMINISTRATIVE USE ONLY**

Date of Application \_\_\_\_\_ Payment received: \_\_\_\_\_

Accepted: Yes \_\_\_\_\_ No \_\_\_\_\_

