



## Interclub Registration

Please use this form to register more than two persons.

GYM INFORMATION	
GYM NAME:	
HEAD COACH NAME:	
MAIN CONTACT NUMBER:	

PARTICIPANT INFORMATION	
FULL NAME:	
DATE OF BIRTH:	
AGE:	
WEIGHT (Kg):	
ADDRESS LINE 1	
CITY:	
POSTCODE:	
PHONE NUMBER:	
EMAIL:	
EMERGENCY CONTACT NAME:	
EMERGENCY CONTACT PHONE:	

### MEDICAL HISTORY

1. **\*Do you have or have you ever had any of the following?**

(Check all that apply)

- Asthma
- Diabetes
- Heart Disease
- High Blood Pressure
- Epilepsy/Seizures
- Concussions (Number: \_\_\_\_\_)
- Fractures

**Croydon TBCC**

1 Drayton Road, Croydon, CR0 1XR

Other (Specify: \_\_\_\_\_)

2. **\*Do you currently take any medications?**

YES  NO

If yes, list: \_\_\_\_\_

3. **\*Do you have any allergies?**

YES  NO

If yes, list: \_\_\_\_\_

4. **\*Have you been advised by a physician to avoid contact sports?**

YES  NO

## TERMS

### Risk Assessment\*

I agree that I am responsible for my own risk assessment.

### Health Declaration\*

I declare that I have no pre - existing medical condition (s) / illness(es) / allergies that could affect me attending sessions. If necessary I will obtain medical clearance from my GP before attending sessions.

### Media Consent\*

We may be taking photos and footages of all attending our sessions. They will be used to promote the work of TBCC. I do give / do not give TBCC media consent. Please state which.

YES

NO

### Croydon TBCC

1 Drayton Road, Croydon, CR0 1XR

## LIABILITY WAIVER AND RELEASE OF CLAIMS

### WARNING:

Boxing, Muay Thai and Kickboxing is a physically demanding sport that involves inherent risks, including but not limited to physical injury, paralysis, or death.

### ASSUMPTION OF RISK:

By signing this form, I acknowledge that I am voluntarily participating in a martial arts event and understand the risks associated with this activity. I accept full responsibility for any injury or harm that may occur as a result of my participation.

### RELEASE OF LIABILITY:

In consideration of being allowed to participate, I hereby release, waive, and discharge Thai Boxing Community Centre, its officers, employees, agents, and volunteers from any and all liability for injury, loss, or damage arising out of my participation, whether caused by negligence or otherwise.

### MEDICAL CONSENT:

I authorize event medical staff to administer first aid or seek medical treatment in case of emergency. I certify that I have disclosed all relevant medical information and agree to take full responsibility for my health during the event.

### PHOTOGRAPHY AND MEDIA RELEASE:

I consent to the use of my image and likeness in event-related photography, video, or promotional materials without compensation.

**Please note that any information given will remain fully confidential unless in case of emergency or serious injury is sustained. If under the age of 18, athlete forms must be signed by a parent or legal guardian.**

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(If under 18)