

# Lennox Lewis League of Champions Boxing Camp Summer 2017 Registration Form



## IMPORTANT NOTICE: CAMP DATES

Session 1: Sunday July 9<sup>th</sup> - Saturday July 15<sup>th</sup> in Hanover, Jamaica

Session 2: Monday July 17<sup>th</sup> - Saturday July 22<sup>nd</sup> in St. Elizabeth, Jamaica

*Please select which session you would like to participate in:*

Session 1 \_\_\_\_\_

Session 2 \_\_\_\_\_

### 1. Participant's (Child's) Information:

Participant's Name

\_\_\_\_\_

Participant's Date of Birth (M/D/Y) \_\_\_\_\_

Participant's Age: \_\_\_\_\_

Participant's School: \_\_\_\_\_

Participant's Grade: \_\_\_\_\_

Participant's T-Shirt Size: Small\_\_\_ Medium\_\_\_ Large\_\_\_ XL\_\_\_ (Check one)

Participant's Shorts Size: Small\_\_\_ Medium\_\_\_ Large\_\_\_ XL\_\_\_ (Check one)

Participant's Shoe Size: \_\_\_\_\_

**\*\*T-shirt & short sizes come in small, medium, large, and extra large**

**2. Contact Information:**

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

Mobile Number: \_\_\_\_\_

Home Address

\_\_\_\_\_

Parish \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**3. Emergency Contact Information**

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Relation: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Physician's Contact Number: \_\_\_\_\_

Please list any allergies or special considerations for the participant :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### 4. Return Campers

Are you are returning camper? Yes \_\_\_\_\_ No \_\_\_\_\_ (Check one)

If yes, please select the sessions you attended:

Summer 2016 \_\_\_\_\_ Christmas 2016\_\_\_\_\_ (Check one)

#### **Agreement, Waiver & Release:**

I/we the parents/guardian of the above participant give my/our permission to participate in any activities & events. I/we know that participation in boxing may result in serious injury & we waive, release, absolve, indemnify, and agree to hold the Lennox Lewis League of Champions Foundation, Inc. the organizers, board members, sponsors, supervisors & participants for any claim arising out of injury to my/our child whether the result of negligence or any other causes. It is understood that these activities involve an element of risk of accidents & understanding of these risks. I/we hereby accept and assume those risks. It is further agreed that this waiver, release & assumption of risk is to be binding on my heirs & assigns. I will also abide by all of the organization's rules. By signing, I also agree to follow the Lennox Lewis League of Champions Foundation conduct. I/we acknowledge that the participant's age and grade level information are factual and accurate. **Failure to follow the rules may result in my child's or my dismissal from the camp indefinitely.**

\_\_\_\_\_  
Participant's Name (Print)

\_\_\_\_\_  
Parent/Guardian's Name (Print)

\_\_\_\_\_  
Parent/Guardian's Signature

Date:\_\_\_\_\_