

AMATEUR BOXING CLUB



13a Lampits Hill (rear of), Corringham, Essex SS17 9AA www.gatewayabc.co.uk

Membership & Registration Form

Once accepted, new members must complete and return this form and purchase a minimum of one training top from our Gateway Club Shop, run in association with Boxfit UK Limited (see website for details).

Existing members must complete and return this form by 31st January each year to renew their membership. They also need to purchase a minimum of one training top from our Gateway Club Shop, as detailed above.

Please complete details below clearly as it may be needed to contact you at short notice.

Member Name:	Signature:
Date of birth (dd/mm/yyyy):	
Address:	
	Date:
	Age (if under 16):
Post Code:	
Contact Email Address:	Contact Telephone Number:
Medical conditions: (if any):	
my/their own risk. Any personal injury, damage or lo responsibility of Gateway A.B.C. I am aware that I/my child must wear appropriate classical contents.	tteway's boxing development training sessions entirely at oss of property incurred during training sessions is not the othing and footwear and must have their own gum shield
A.B.C reserves the right to expel any member who co	disruptive behavior will not be tolerated and that Gateway ntinually breaks the clubs rules & regulations.
Parental consent required if member under 16 years.	
Parent/Guardian Name:	Parent/Guardian Signature:
Home Telephone Number:	
Mobile Telephone Number:	
	Date:
Email Address:	•
	ublicity purposes and for use on our website. If you have

any objections to photographs which may contain images of your child being used for these purposes, please indicate here by ticking this box []. If you do not tick the box we will assume that you have no objections of possible photos containing images of your child being used for this purpose.