

# REVERE POLICE DEPARTMENT - BOXING PROGRAM REGISTRATION

## PARTICIPANT INFORMATION

Name \_\_\_\_\_ Age \_\_\_\_\_  
Birth Date \_\_\_\_\_ Gender \_\_\_\_\_ School \_\_\_\_\_

## CONTACT INFORMATION

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

## MEDICAL RELEASE AND CONSENT FOR EMERGENCY TREATMENT

I, \_\_\_\_\_, as an adult participant, parent or legal guardian of the participant hereby freely and voluntarily authorize Revere Police Department or volunteers to administer first aid and, in the case of an extreme emergency, to request and obtain emergency medical care at my expense from such medical provider as is immediately available in any situation that Revere Police Officers or agents determine such care is required.

Please list any allergies, health, or medical conditions of which we should be aware: \_\_\_\_\_

## RELEASE OF LIABILITY

In consideration of the opportunity to participate in the Youth/Family Services Boxing Program conducted by the City of Revere Police Department, hereby agree and acknowledge as follows:

1. I understand that participation in boxing involves the potential risk of injury;
2. In consideration of the opportunity to participate in the Revere Police Department boxing program, I agree to hold harmless and indemnify the City of Revere, the Revere Police Department, and its employees, volunteers, agents, successors, heirs, estates, executors, administrators, and assigns from any and all claims, demands, actions, damages and liabilities whatsoever which may directly or indirectly result from or be related to any loss, damage or injury that may be sustained in connection with participation in this program.
3. I further agree to release and forever discharge the City of Revere, the Revere Police Department, their employees, volunteers, agents, successors, heirs, estates, executors, administrators and assigns, from all such claims, demands, actions, damages and liabilities whatsoever, which I may have, whether foreseen or unforeseen, on account participation in the boxing program.
4. This release and discharge shall be binding upon the successors, heirs, estates, executors, administrators and assigns of the undersigned.
5. I certify that there are no medical, psychological, or physical conditions that could interfere with the safe participation in the boxing program.
6. I acknowledge that I have read and fully understand this Agreement and Release and that I have signed below voluntarily.

Participant Name: \_\_\_\_\_ Parent Name (if applicable): \_\_\_\_\_

Parent or Adult Participant Signature: \_\_\_\_\_

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