



Reviewed by: \_\_\_\_\_

## ESCOT Youth Development- 2022/2023 REGISTRATION FORM

### PARTICIPANT INFORMATION:

Name: \_\_\_\_\_ Female: \_\_ Male: \_\_ Prefer not to answer: \_\_\_\_\_  
D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_ School \_\_\_\_\_ Grade: \_\_\_\_\_  
Circle Lunch Program: FREE REDUCED NONE  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Parental Information:

Name of Primary Parent/Guardian:

Primary: \_\_\_\_\_ **CIRCLE ONE**  
(Mother – Father – Guardian)

Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_  
Phone Number- Primary: \_\_\_\_\_ Other: \_\_\_\_\_

### MEDICAL CONDITION(S) or ALLERGIES:

Medical Condition(s)/Allergies (including food & seasonal plus allergy reaction)

\_\_\_\_\_

Medications: \_\_\_\_\_

### EMERGENCY CONTACT

#### Emergency Contact Person Information:

Name: \_\_\_\_\_

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

Relationship to Participant: \_\_\_\_\_

Phone Number:

Primary: \_\_\_\_\_ Other: \_\_\_\_\_

(Circle one: Home – Work – Cell) (Circle one: Home – Work – Cell)

**EMERGENCY PERMISSION:** In a severe emergency, I give permission to call 911 and arrange for medical aid. I understand that I am responsible for costs or charges incurred for 911 emergencies.

**Adult/Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_

### PHOTO RELEASE FORM FOR ADULTS AND/OR MINORS (UNDER 18)

ESCOT Youth Development and KRONK Boxing Gym has my permission to use my photograph or child’s photograph publicly to promote our programs. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me because of such use.



Reviewed by: \_\_\_\_\_

Adult Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

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

Child's Name: \_\_\_\_\_

Phone Number: Primary: \_\_\_\_\_ Other: \_\_\_\_\_

**JEFFERSON BARN COMMUNITY CENTER PARENT AGREEMENT FOR PARTICIPANT INVOLVEMENT**

*The Adult/Parent/Guardian must fill out and sign the following:*

I hereby understand, acknowledge, and agree as follows:

- The Jefferson Barns Community Center, including its staff and volunteers, shall not be liable for my or my child's physical performance.
- I agree to release, discharge, waive, and hold harmless the Jefferson Barns Community Center and all their staff, volunteers, and leadership for any incident, actions, or conduct resulting in personal injury, negligence, accident, theft, or illness to myself or my child (or children) who participate.
- I have carefully read and voluntarily signed this waiver of liability and fully understand its contents and meaning as a full waiver of all claims and liability against the Jefferson Barns Community Center.

Participant Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date

Parent/Guardian Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

**ESCOT Youth Development and/or KRONK BOXING GYM LIABILITY WAIVER**

In consideration of being allowed to participate in any way through the ESCOT Youth Development program and/or KRONK Boxing Gym, related events, activities, and any transportation the undersigned acknowledges appreciates, and agrees that:

(1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death. While rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist, and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation. (2) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately. (3) I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE AND HOLD HARMLESS the ESCOT Youth Development program and/or KRONK Boxing Gym, their officers, officials, agents, and/or employees, others used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERM, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Transportation: This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the releasees from any and all liabilities incident to my minor child's involvement or



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participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE to the fullest extent permitted by law. This applies to all adults within the program as well.

(1) I hereby release, waive, discharge and covenant not to sue the ESCOT Youth Development and/or KRONK Boxing Gym, the Board, and its individual members, officers, agents, servants, or employees (hereinafter referred to as releasees) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my minor child(ren) or me, or any of the property belonging to me, as result of, or in any way arising out of my child(ren) traveling to and or from ESCOT Youth Development program and/or KRONK Boxing Gym in a vehicle owned and operated by ESCOT Youth Development and/or KRONK Boxing Gym staff. (2) I voluntarily assume full responsibility for any risks of loss. (3) I further hereby agree to indemnify and hold harmless the releasees from any loss, liability, damage, or costs due to my child(ren) traveling to and or from KRONK Boxing Gym activities in a vehicle owned and operated by ESCOT Youth Development and/or KRONK Boxing Gym staff. (4) I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed and enforced in accordance with the laws of the state of Michigan. (5) In signing this release, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it, and sign it voluntarily as my own free act and deed. (6) This agreement applies to myself and/or my children: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

Adult or Parent/Guardian Signature: \_\_\_\_\_

Print & Sign \_\_\_\_\_

Date \_\_\_\_\_

**CODE OF CONDUCT AND SOCIAL MEDIA USE AGREEMENT- CHILD & GUARDIAN MUST SIGN!**

To be a part of the ESCOT Youth Development program and/or KRONK Boxing Gym I agree to:

- Ensure that all posts and comments made by myself on any social media platform do not contain any lewd or offensive language.
- Never post any photos or videos on social media that can be objectively seen as lewd or offensive.
- Never wear apparel that is seen as lewd or offensive and/or in any sort of criminal behavior or activity.
- Be respectful, cooperative, and contribute positively to the gym.
- Be respectful of my own and others' personal property.
- Be respectful in my expression through apparel, language, gestures, and writing.
- Do not use profanity, obscenities, bullying, threatening, or degrading behavior for any reason at any time.
- Be respectful of the gym and will never mark, deface, or destroy the gym's personal property.
- Keep my valuables at home.
- Not possess knives, weapons, tobacco products, alcohol, or other illegal substances at the gym.

I understand that if I do not follow these guidelines, I may face expulsion from the gym.

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

Participant Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_