

Bad Girls Boxing

Indio, California

CAMP INFORMATION

HURRY! ONLY 12 PARTICIPANTS WILL BE SELECTED

PURPOSE: This is a closed camp. The intention of the camp is to provide you with world class training and sparring. In addition, work shop information in other areas such as choosing a manager and managerial contracts, nutrition basics and pit falls, taking care of your hands, and much, much more. It is an opportunity for the women in boxing to share and learn from each other, exchange life experiences and build relationships.

COST: \$250.00 (non refundable)

(Includes: room and board - Sunday September 19th, 2010 6:00pm to Sunday September 26th, 2010 12:00(noon)
Should we choose to eat out, you are responsible to pay for your own meal.

LODGING: You will be guests of Bad Girls Boxing, Inc. at WorldMark by Wyndham Indio. This is shared accommodation and you will be expected to behave as champions. Conduct yourselves appropriately. If this is an issue, do not complete the registration form.

DEADLINE FOR PAYMENT AND COMPLETED APPLICATION: SEPTEMBER 1, 2010

METHOD OF PAYMENTY:

PayPal: Go to www.badgirlsboxing.com click on <donate> In the Purpose field type name and camp registration donation

Money Order made to Bad Girls Boxing, Inc.
82142 West Helio Court
Indio, CA 92201

IMPORTANT NOTICE: Bad Girls Boxing will be making a Poster for this event. Please provide the photo you want on this poster. Please include a release from the photographer when submitting picture. Photo must be received by September 1st to be included on the poster. In addition, Bad Girls Boxing, Inc. will be making a documentary of this event.

ITEMS YOU MUST BRING TO CAMP:

EQUIPMENT:

Quality Sparring Gloves – at lease 10oz
Head Gear
Mouth Piece
Hand Wraps
Chest and Groin Protection
Boxing Shoes

Personal Items:

Toiletries, Clothing, Medication (if appropriate)
Bathing Suit, Additional personal items

NO CELL PHONE USAGE DURING TRAINING PERIODS

Bad Girls Boxing

Indio, California

Part I: Boxer Information

Last Name: _____ MI _____ First Name: _____

Address: _____ Phone: Hm _____ Wk _____ Cell _____

Birth Date: _____ Age: _____ Social Security Number: _____

Parent or Guardian:

Name: _____

Address: _____

_____ Zip: _____

Home Ph: _____

Work/Cell Ph: _____

Primary Care Physician: _____ Phone: _____

In Emergency, Contact:

Name: _____

Home Ph: _____

Work/Cell Ph: _____

Primary Ins. Co: _____

Primary Group/Policy#: _____

Part II: Waiver and Release

Assumption of risk and parental consent & indemnity agreement in consideration of me being allowed to participate in any/all BAD GIRLS BOXING activities, I agree:

1. I UNDERSTAND the nature of Boxing activities and my experience and believe I am qualified to participate in such activity. I further acknowledge that I am aware the activities may be conducted in facilities open to the public. I further agree and warrant that if I believe conditions to be unsafe, I will immediately discontinue further participation in the activity. I ACKNOWLEDGE that Bad Girls Boxing, Inc. owners and instructors are not physicians and are not trained in any way to provide medical diagnosis, medical treatment, psychotherapy, or any other type of medical advice. _____ (*initial*)

2. I FULLY UNDERSTAND that Boxing Training Camp activities involve risks and dangers of SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks"); (a) these risks and dangers may be caused by me or the actions or inactions of others participating in the activity, the condition in which the activity takes place or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (b) there may be other risks and social and economic losses either known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES incurred as a result of my participation in these activities. _____ (*initial*)

Boxer Name: _____

Bad Girls Boxing

Indio, California

3. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS Bad Girls Boxing Inc., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessor's of premises on which the activities take place (each considered one of the "Releases" herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "Releases" or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, or anyone on my behalf, makes a claim against any of the Releases named above, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM. _____ (initial)

4. In addition, I hereby authorize the use of photography and video which may be used for current and future projects for Bad Girls Boxing, Inc.

Signature of Participant

Date

CONSENT AND RELEASE OF PARENT OR GUARDIAN *(complete if participant under 18)*

I am the parent or legal guardian of _____. My child is fit for participation in Bad Girls Boxing activities, and I consent to my child's participation. I HAVE READ AND UNDERSTAND THE ABOVE WAIVER AND RELEASE. In consideration of allowing my child to participate, I consent to it and agree that IT'S TERMS SHALL LIKEWISE BIND ME, MY CHILD, MY HEIRS, and LEGAL REPRESENTATIVES AND ASSIGNEES. I HEREBY RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM EVERY CLAIM AND ANY LIABILITY TO THE FULLEST EXTENT OF THE LAW, that I or my child may allege against the Releases (including reasonable attorneys' fees or costs) as a direct or indirect result of injury to me or my child because of my child's participation in the event, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or others. I PROMISE NOT TO SUE RELEASEES on my behalf or on behalf of my child regarding any claim arising from my child's participation in any Bad Girls Boxing Inc. I hereby authorize the use of photography and video of my child of which may be used for current and future projects for Bad Girls Boxing, Inc.

Signature of Parent or Legal Guardian

Date

Print Name of Parent or Legal Guardian

Boxer Name: _____

Bad Girls Boxing

Indio, California

Part III: Medical Information

Immunizations (Please state month and year)

Tetanus _____ Polio _____ Measles/Mumps/Rubella _____ Varicella(chicken pox) _____
Tuberculosis Skin Test: _____ or Last Chest Xray: _____ indicating no active TB

Health History

| Conditions | Yes | No | Date | Please elaborate (especially on those that might be Aggravated) |
|--------------------|-------|-------|-------|---|
| Allergies | _____ | _____ | _____ | _____ |
| Asthma | _____ | _____ | _____ | _____ |
| Congenital problem | _____ | _____ | _____ | _____ |
| Diabetes | _____ | _____ | _____ | _____ |
| Epilepsy | _____ | _____ | _____ | _____ |
| Heart | _____ | _____ | _____ | _____ |
| Ankle Injuries | _____ | _____ | _____ | _____ |
| Knee Injuries | _____ | _____ | _____ | _____ |
| Head/Neck Injuries | _____ | _____ | _____ | _____ |
| Shoulder Injuries | _____ | _____ | _____ | _____ |
| Elbow Injuries | _____ | _____ | _____ | _____ |
| Wrist Injuries | _____ | _____ | _____ | _____ |
| Hand Injuries | _____ | _____ | _____ | _____ |
| Finger Injuries | _____ | _____ | _____ | _____ |
| Other Injuries | _____ | _____ | _____ | _____ |

Height _____ Weight _____

Is there any psycho-social or physical condition for which you/ my son or daughter is currently under professional care? YES
NO

Are you/ my son or daughter currently taking any medications? YES NO

If YES, please name the medication, dosage and frequency needed:

List any known allergies:

Please comment on any medical conditions of which we should be aware:

Please note any injuries suffered in the last two months:

Bad Girls Boxing

Indio, California

Part IV: Emergent Medical Care

If, during the course of the activities in/during boxing camp, I/my child _____ should become ill or sustain an injury,

_____ I hereby authorize you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.

_____ I do not authorize emergency medical/dental care.

Participate/Parent or Guardian Signature) _____

Date: _____

PART V: Additional Information

(Circle)

T-Shirt Size: S M L XL XXL

Hat Size: S/M L/XL