

**BYRNE COMMUNITY CENTER**  
**CITY OF WILDWOOD**  
401 W. YOUNG AVE.  
WILDWOOD, NJ 08260  
PHONE: (609) 522 – 5837

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**Junior Warrior Boxing Registration Form**



**BOXING PROGRAM**

**\$25 for 6 Month Membership**

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**PLEASE PRINT ALL OF THE FOLLOWING REQUIRED INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ GRADE IN : \_\_\_\_\_

PLAYER'S HEIGHT: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

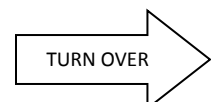
( ) MALE ( ) FEMALE

Please be advised that I do release, indemnify and hold harmless the City of Wildwood, its officers, agents and/or employees against any loss, damage or liability, including attorney's fees and expenses incurred as a result of or arising out of the use of the Byrne Community Center and its surrounding areas located at 401 W. Young Ave., Wildwood, NJ 08260

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

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**EMERGENCY CALL INFORMATION (REQUIRED)**

SOMEONE OTHER THAN YOURSELF. In the Event of an emergency and I cannot be reached please call:

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

**FOR OUR MEDICAL RECORDS (REQUIRED)**

DISABILITIES: \_\_\_\_\_

\_\_\_\_\_

ALLERGIES: \_\_\_\_\_

\_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

\_\_\_\_\_

OTHER NECESSARY INFO: \_\_\_\_\_

\_\_\_\_\_

GLASSES, CONTACTS, BRACES ETC.: \_\_\_\_\_

\_\_\_\_\_

NAME OF FAMILY HOSPITALIZATION PLAN: \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT**

Parental Written Consent Is Given For:

- Emergency Medical Care
- Transportation by Ambulance in Case Of Emergency

**PARENT/GUARDIAN NAME:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

***VERY IMPORTANT: T-SHIRT SIZE:*** \_\_\_\_\_

**OFFICIAL USE ONLY:**

FEE PAID: YES ( ) NO ( ) CASH ( ) CHECK ( )

CHECK NO.: \_\_\_\_\_

STAFF INITIALS: \_\_\_\_\_

DATE: \_\_\_\_\_