



THE GOOD FIGHT

BE PREPARED FOR LIFE

Enrollment Form

Please complete the following enrollment form and liability waiver to join The Good Fight Community Center.

PERSONAL INFORMATION:

Last Name: _____ Middle Initial: _____

First Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Phone: _____ Gender: _____

Emergency Contact: _____ Relationship: _____

Address: _____

City: _____ State: _____ ZIP: _____

Primary Phone: _____

Secondary Phone: _____

505 KING STREET, SUITE 005, LA CROSSE, WI 54601



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Liability Waiver

Must be signed prior to participation

I, the undersigned, do hereby voluntarily participate or have child/children that participate in the Elsworth Smith boxing training program held by The Good Fight Community Center, Inc. I do hereby assume full responsibility for any and all damages my child/children may sustain or incur in any event or activity while participating in boxing, boxing training, or conditioning classes. I do hereby waive all claims against Elsworth Smith Boxing Gym, Larry Shapiro Education and Job Training Center, The Good Fight Community Center, its promoters, sponsors, donors, instructors, and trainers, volunteer's, board of directors, individuals, or others who have taught me.

In the event that a photo is used of me or my child, I give permission for the photo to be used to help promote the community center in print, banners, signs, websites, or any promotion. This agreement shall be binding upon and insure to the benefit of the parties, their successors, assigns and personal representatives.

I understand this liability waiver and understand its terms. I execute it voluntarily and with full knowledge of its significance.

_____	_____	_____
Name (Parent or legal guardian if applicable)	Date	Phone
_____	_____	_____
Signature	Email address	