

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



**THE GOOD FIGHT**  
**BE PREPARED FOR LIFE**

**The Good Fight Community Center**  
**Enrollment Form**

Please answer all portions of this enrollment form and liability waiver for your child to join and participate in programming.

**Child's Personal Information**

Name (*First, Last*): \_\_\_\_\_

Date of Birth (*Month/Day/Year*): \_\_\_\_\_ Race: \_\_\_\_\_

Gender:  Male  Female  Prefer Not to Specify

Home Address (*Street Name, City, State, ZIP Code*):

**Parent/Guardian Contact Information**

Parent/Guardian Name (*First, Last*): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact Information**

Emergency Contact Name (*First, Last*): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Emergency Contact Address (*Street Name, City, State, ZIP Code*):

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

Secondary Phone Number: \_\_\_\_\_

**Medical Questions**

1. Does your student have any medical conditions/allergies we should be aware of:

Yes  No

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

## Transportation Information

- Please specify how your student will get to the facility and home:  
 To Facility:     Parent Drop Off     Public Transportation     Walk  
 Get Home:     Parent Pick Up     Public Transportation     Walk
- Would you like to be contacted if your student leaves the facility before our scheduled end time (*Sept. 1-June 3, Monday-Friday 7pm | June 6-Sept. 2, Monday-Friday 6pm*)?  
 Yes     No

## Student Profile

### Academic Information

Name of Student's School: \_\_\_\_\_

Student's Grade Level: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

In what subject areas does your student need academic support?

\_\_\_\_\_

### Behavioral Questions

- Does your student have any behavioral issues that we should know about?  
 Yes     No

If yes, what has been the best course of intervention? \_\_\_\_\_

\_\_\_\_\_

- Does your student struggle with social interaction? More specifically are they typically withdrawn or very active in social situations?     Yes     No

### Miscellaneous Questions

- What do you hope to see progress made during your student's time at The Good Fight?
- Is there anything else you would like for the staff of The Good Fight to know, to best support your student?

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

### OFFICE USE ONLY

- Did the parent/guardian receive transportation letter from ED?     Yes     No
- Has enrollment information been entered?     Yes     No

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



**THE GOOD FIGHT**  
**BE PREPARED FOR LIFE**

**The Good Fight Community Center  
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.

Parent/Guardian Name: \_\_\_\_\_

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

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