

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: _____

Biological Sex: 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

- 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 GFCC Van Walk
 Get Home: Parent Pick Up Public Transportation GFCC Van Walk
- Would you like to be contacted if your student leaves the facility before our scheduled end time (7:00pm, or 6:00pm if riding in GFCC Van)?
 Yes No
- Do you allow your student to attend offsite trips with Good Fight staff? (ex. afternoon movie trip, children's museum, community service, etc.)?
 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 More specifically are they typically withdrawn or very active in social situations?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: _____



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**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: _____