



## MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

### EMERGENCY CONTACT

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

### SPOUSE/ CHILD INFORMATION IF JOINT MEMBERSHIP

Name:

Date of birth:

SSN:

Phone:

### CHOOSE ONE OF THE FOLLOWING MEMBERSHIP OPTIONS

New Members (ONE TIME) 2 months fee: \$150.00. \$75.00 each month following.

One Year VIP: \$750.00

Early Bird Fee (ONE TIME) 2 months fee: \$200.00.

\*\*\* MEMBERSHIP FEES ARE DUE ON THE 15<sup>th</sup> OF EACH MONTH.

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**NO REFUNDS**

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### SIGNATURES

**Dream Team Boxing Gym** is not liable for any injuries, loss or stolen items, car damages or anything left in the gym on its property. Please read and sign the attached *Consent, Release, Waiver, and Liability Indemnity Agreement*.

Signature of applicant:

Date:

5824 Kirby Road, Clinton, MD 20745  
 Coach Buck (202) 422-3480  
[www.dreamteamboxing.com](http://www.dreamteamboxing.com)



IF YOU ARE YOU ARE UNDER THE CARE OF A PHYSICIAN, HAVE RECENTLY BEEN UNDER THE CARE OF A PHYSICIAN, OR HAVE EXPERIENCED AND SIGNS OF MEDICAL PROBLEMS, THIS INFORMTATION SHOULD BE DISCLOSED AND CLEARANCE FROM YOUR PHYSICIAN SHOULD BE OBTAINED. IF YOU HAVE NOT UNDERGONE A PHYSICAL EXAMINATYION, IT IS RECOMMENDED THAT YOU DO SO BEFORE BEGINNING THIS PROGRAM.

I AGREE TO ABIDE BY THE RULES AND REGULATIONS THAT ARE ADOPTED BY **DREAM TEAM BOXING GYM**. I UNDERSTAND THAT **DREAM TEAM BOXING GYM** RESERVES THE RIGHT TO TERMINATE ANY MEMBERSHIP WITH OR WITHOUT CAUSE, AT ANY TIME. I HEREBY ACKNOWLEDGE THAT ALL INFOMRATION PROVIDED BY MYSELF AND THAT I HAVE READ AND UNDERSTAND THE PRECEDING PRIOR TO SIGNING AND AGREE TO ALL TERMS OUTLINED ABOVE.

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THE EXERCISE AND ACTIVITY OPPORTUNITIES OFFERED THROUGH THE FACILITIES OF **DREAM TEAM BOXING GYM** ALLOWS A PERSON TO ENGAGE IN VARIOUS EXERCISE AND/OR PHYSICAL POTENTIALLY BENEFICIAL TO ONE'S HEALTH AND WELL-BEING. HOWEVER, I RECOGNIZE AND UNDERSTAND THAT THERE ARE INHERENT RISKS OF VARIOUS PHYSICAL AND MENTAL ILLNESSES, AND/OR INJURIES ASSOCIATED WITH (A) ENGAGING IN ANY EXERCISE OF PHYSICAL ASCTIVITY, (B) THE USE OF EQUIPMENT AT **DREAM TEAM BOXING GYM**. SUCH RISKS INCLUDED MAY BE OF PHYSICAL AND MENTAL CONDITIONS AND/OR ILLNESSES INCLUDING, BUT NOT LIMITED TO, SPRAINS, STRAINS, BROKEN BONES, CONCUSSIONS, LACERATIONS, ELEVATED BLOOD PRESSURE, HEARTBEAT DISORDERS, FAINTING, SHORTNESS OF BREATH, CHEST PAIN, STROKES, HEART ATTACK, OR EVEN DEATH.

I HEREBY AGREE AND CONSENT TO VOLUNTARILY ENGAGE IN ANY AND ALL EXERCISES AND PHYSICAL ACTIVITY OPPORTUNITIES AT **DREAM TEAM BOXING GYM**, TO VOLUNTARILY USE **DREAM TEAM BOXING GYM** EQUIPMENT, AND TO VOLUNTARILY USE **DREAM TEAM BOXING GYM'S** FACILITIES AT MY OWN RISK AND WITH FULL KNOWLEDGE AND APPRECIATION OF ANY ALL DANGERS AND RISKS INHIBITED.

I ACKNOWLEDGE THAT I HAVE AND AM HEREBY ADVISED TO SEEK AND OBTAIN ANY NECESSARY MEDICAL CLEARANCES FROM MY PHYSICIAN AND TO UNDERTAKE A PHYSICAL EXAMINATION PRIOR TO BEGINNING ANY EXERCISE ACTIVITY. I HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL RISKS OF ANY BODILY INJURY, ILLNESS, DEATH AND/OR PROPERTY DAMAGE.

I HEREBY RELEASE, WAIVE, FOREVER DISCHARGE AND/OR COVENANT NOT TO SUE **DREAM TEAM BOXING GYM** FOR ANY AND ALL LOSS OR DAMAGE AND/OR ANY CLAIMS OF DEMANDS OR ACCUSATIONS UNKNOWN, ON ACCOUNT OF OR IN ANY WAY RELATED TO ANY ILLNESS, CONDITION, AND/OR INJURY TO MY PERSON OR PROPERTY, OR WHICH MAY RESULT IN MY DEATH.

I HEREBY ACKNOWLEDGE BY SIGNING THIS FORM ON BEHALF OF MYSELF AND/OR THE CHILD LISTED ON THE MEMBERSHIP APPLICATION, I AGREE THAT THE *CONSENT, RELEASE, WAIVER OF LIABILITY, AND IDEMNITY AGREEMENT* ALSO APPLIES TO THE CHILD.

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MEMBER SIGNATURE/PARENT SIGNATURE IF MINOR

DATE

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