



634 Oak St. Copiague, NY 11726

BCBA ADULT ENROLLMENT CONTRACT
PLEASE PRINT LEGIBLY & FILL OUT FORM IN ITS ENTIRETY

Adult Name: _____

Address: _____

City: _____ Zip: _____

Home #: _____ Cell #: _____

Email: _____ DOB: _____

MUST BE AT LEAST 18 YEARS OLD AND AGREE TO ABIDE BY ALL BCBA RULES & REGULATIONS

- General Membership members may use BCBA anytime during operating hours.
- **Current Hours:**
- Members/Participants are aware operating hours and fees may change but notice WILL BE given.
- Adult Members must be prepared to present their BCBA Membership Card or ID any time they enter the facility.
- Adult Members are required to present a VALID NY State ID or Drivers License when joining.
- Members/Participants are not allowed to bring guests with out prior permission from BCBA – ADDITIONAL FEES APPLY.
- Memberships are not refundable or transferable.
- Members must sign the accompanying BCBA Waiver & Release form.
- Members understand the primary goal of BCBA is to introduce young people to the importance of getting and staying fit, as such all members should act accordingly in the presence of youth.
- Members/Participants must abide by all rules and regulations or risk having their membership revoked or terminated.
- Adult Members must not have been convicted of ANY violent or sexual crime.
- **The best way to stay informed of closings, hours and additional rules or changes is via our website or Facebook page so please LIKE US ON FACEBOOK under BCBA Community Sports Training Center.**

If you are under the care of a physician, have recently been under the care of a physician, or have experienced any significant medical problems, this information should be disclosed and clearance from you physician should be obtained. If you have not undergone a physical examination, it is recommended that you do so before beginning any exercise program.

I agree to abide by the rules and regulations that are adopted by BCBA. I understand that BCBA reserves the right to, revoke, deny or terminate any membership with or without cause, at any time. I agree to allow BCBA to use my likeness in photographs and/or video for advertising and promotional purposes only without compensation to me. No names will be used in any promotional materials. I hereby acknowledge that all information provided by me is accurate and that I have read and understand the rules & regulations and agree to all terms.

MEMBER HAS BEEN GIVEN A COPY OF, AND AGREES TO ABIDE BY, OUR POST-COVID 19 HEALTH POLICIES

ADULT / MEMBER'S SIGNATURE: _____ DATE: _____

Program: General Membership | Get Fit Not Hit | Other _____

Auth. Salesman: _____ Amount: \$ _____ Cash | Check | CC _____ Check #: _____

Membership Proof of ID (License/Photo ID) _____ Program's Expiration Date: _____

NOTES INFO:



634 Oak St. Copiague, NY 11726

In consideration of my participation in a program held at (BCBA) for

PROGRAM: _____ DATE: _____

PROGRAM'S COACH: _____ PROGRAM COST: _____ CHECK#: _____

PLEASE PRINT | MAKE ALL CHECKS PAYABLE TO BCBA

LAST NAME		FIRST NAME	
ADDRESS			
CITY		ZIP	
HOME #		CELL #	
EMAIL		DOB	
PHYSICAL LIMITATIONS OR ALLERGIES:			
NOTES:			

To the extent permitted by law and knowing the risk of this activity, I hereby release, waive, forever discharge and agree to hold harmless **BCBA** and their officers, agents, employees, sponsors and the landlord of the facility where activity takes place from any liability whatsoever arising out of my participation in any activities, including but not limited to, medical bills, court costs and attorney's fees, any damage to my property or the property of others, or to others through my participation in any activities run here at **BCBA**.

I agree to allow **BCBA** (Community Boxing Center Inc.), to use the likeness of me in photographs and/or video for advertising and promotional purposes only without compensation to me. No names will be used in any promotional materials.

MEMBER HAS BEEN GIVEN A COPY OF, AND AGREES TO ABIDE BY, OUR POST-COVID 19 HEALTH POLICIES

SIGNATURE HERE _____ DATE _____

PROOF OF ID (NY LICENSE | PHOTO ID)