



The Boxing Clinic Contender Application

(print all text in black ink)

Name : _____

Date of Birth: ____/____/____

Fighting Name : _____

Weight :

Stones _____KG's_____

I _____ am applying to take part in The Boxing Clinic Contender competition I fully understand what is involved in the completion and I take full responsibility for injuries that could happen to me during the completion and during training for the completion .

I will get a full medical check up from my GP before entering the completion and will provide proof to the Boxing Clinic that I am physically fit and in good health from my GP.

I agree that The Boxing Clinic take no liability for any injuries caused to me during the completion and during training.

Should I win the Boxing Clinic Contender I agree to defend my title every 3 months from the date of winning.

Should I not make the correct weight on the day of my completion I agree to a £100 fine to be paid to the person I was suppose to compete against.

I agree to take part in my squad training held once a week, and also to show up for minimum of 2 Saturday sparring sessions per month in order to get ready for my date.

Should I make the Contender Team I agree to pay half the money towards my Boxing uniform.

(poncho or hooded poncho or robe boxing, shorts & vest.)

I will be responsible for organising my own boots, head guard and mouth piece.

As long as you are a Champion and actively defending your belt @ the Boxing Clinic you will not be required to pay any monthly fees.

Closing date for Contenders **Fri August 29th**.

Date : ___/___/___

Sign _____



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