



D.R.E.A.M. Youth Program
(Dedication, Responsibility, Education, Attitude, Motivation)

Participation Form

Participant Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip Code: _____

E-mail: _____ Home Phone# _____ Cell Phone# _____

School: _____ Grade: _____ Current GPA: _____

Emergency Contact Name: _____

Relationship to Participant: _____ Emergency Phone: _____

Please list allergies: _____

Thank you for participating in classes and services at Spartan Boxing. We are committed to serving everyone in our community who would like to be a part of what we offer. We would appreciate it if you would fill out this brief survey, so we can continue to learn more about those we serve and improve our work.

What is your gender?

- ___ Female
- ___ Male
- ___ Nonbinary
- ___ Other
- ___ Prefer not to share

How do you identify your race/ethnicity? (Check as many as apply)

- ___ Asian
- ___ Black / African American / African
- ___ European American / Eastern European / White
- ___ Indigenous / American Indian or Alaska Native
- ___ Latino/a/x
- ___ Native Hawaiian or other Pacific Islander
- ___ Other
- ___ Prefer not to share

ACKNOWLEDGMENT

*I acknowledge that I am the legal parent /guardian of the above-named participant and I give my child permission to participate in projects, group activities, and community events with Spartan Boxing. I understand that my child's participation is voluntary at all times. I also understand that there are certain hazards, risks and dangers associated with the use of the boxing gym and equipment located therein. I represent that my child is physically and mentally able to use this facility and equipment in a safe manner. I understand that while participating in this activity, my child may be photographed. I agree to allow their photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

***Please specify if you give your child permission to be a passenger in the vehicles of our employees and volunteers when necessary to attend meetings and events. Yes No

Parent Name(print): _____ Signature: _____

Date: _____