



East Oakland Boxing Association/SmartMoves
After School Program Application



INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR ENROLLMENT

Child's Name: _____
Last Middle First

Sex: M / F Ethnicity: _____ Primary Language: _____

Date of Birth: _____ Age: _____ Foster Child Y / N

School: _____ Grade: _____ Teacher: _____

Grade Point Average: _____ Eligible for Free or Reduced Lunch? Y / N

In order to track your child's academic progress we request that you submit a copy of your child's report card each semester; this will help us understand where your child needs the most academic assistance.

Special Needs (academic, medical, physical) _____

Areas of interest (please mark all that apply)

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Boxing | <input type="checkbox"/> Gardening | <input type="checkbox"/> Youth Leadership |
| <input type="checkbox"/> Art | <input type="checkbox"/> Nutrition/Cooking | <input type="checkbox"/> Outdoor Activities (i.e. camping, kayaking, hiking, etc.) |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Chess | |

Parent/Guardian: _____
Last Name First Name Relationship

Address _____
Street Address City State Zip Code

(Please note there is a \$20 per month, per child fee for non-Oakland residents, proof of residency must be submitted with each application.)

Home Phone: _____ Cell Phone _____

E-Mail: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

The East Oakland Boxing Association is a free program for Oakland youth ages 5-20. I understand that it is required that a parent/guardian attend a mandatory orientation with EOBA staff before my child can participate in any programs or activities. I also understand that I must submit my child's report card each semester in order to track academic progress. The EOBA reserves the right to deny program participation of your child due to ANY reason and at the discretion of program staff. The EOBA reserves the right to use the applicant's picture, name and/or art work in any of our upcoming newsletters, program brochures or advertising, unless otherwise notified in writing by the parent/guardian.



Confidential Pre-Physical Health Information

Eye Color: _____ Height: _____ Weight: _____

Has your child ever had any of the following?

- | | | |
|--|---|--|
| <input type="checkbox"/> Swollen Joints | <input type="checkbox"/> Enlarged Glands | <input type="checkbox"/> Blurred Vision |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Diabetes | <input type="checkbox"/> AIDS or HIV |
| <input type="checkbox"/> Any Debilitating Diseases | <input type="checkbox"/> Currently Pregnant | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Rheumatism | <input type="checkbox"/> Goiter | <input type="checkbox"/> Oral Surgery |
| <input type="checkbox"/> Dizzy Spells | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Recent Injuries/Fractures |
| <input type="checkbox"/> Spitting of Blood | <input type="checkbox"/> Wears Glasses | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Unhealed Wounds |
| <input type="checkbox"/> Knockouts: Date _____ | <input type="checkbox"/> Chronic Cough | <input type="checkbox"/> Currently on Medication |

Additional comments and/or important health notifications: _____

Medical Info/ID#: _____ Hospital: _____ Doctor: _____

Phone #: _____

WAIVER AND RELEASE OF LIABILITY

In exchange for participation in any activities provided by the East Oakland Boxing Association ("the EOBA"), including but not limited to Boxing, organized by the EOBA, of 816 98th Avenue, Oakland, California, 94603 and/or use of the property, facilities and services of the EOBA, I agree for my child, to the following: 1. My child will observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by the EOBA, or the employees, representatives or agents of the EOBA. 2. I recognize that there are certain inherent risks associated with the above described activities and I assume full responsibility for personal injury to my child, and further release and discharge the EOBA for injury, loss or damage arising out of my child's use of or presence upon the facilities of the EOBA, whether caused by the fault of my child, the EOBA or other third parties. 3. I agree to indemnify and defend the EOBA against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in anyway arise from my child's use of or presence upon the facilities of the EOBA. 4. I agree to pay for all damages to the facilities of the EOBA caused by my negligent, reckless, or willful actions. 5. Any legal or equitable claim that may arise from participation in the above shall be resolved under California law.

I grant to East Oakland Boxing Association, the right to take photographs of me and my family in connection with program experiences at the facility and on outings to field trips. I authorize East Oakland Boxing Association, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that East Oakland Boxing Association may use such photographs of me without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Printed Name

Signature

Date