



Ring Magazine 1995...
"A Boxing Club Where Life is the Main Event"

Charter Oak Amateur Boxing Academy & Youth Development Program Inc.
81 Pope Park Hwy - Hartford Ct. 06106 860 - 951- 0377
www.cobaboxing.net

COBA ENROLLMENT AGREEMENT

DATE: _____	PARTICIPANT ID: _____
PARTICIPANT INFORMATION	
Name: _____ Date of Birth: _____ Age: _____	
Which gender do you most identify with:	
<input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Transgender (male to female) <input type="checkbox"/> Transgender (female to male) <input type="checkbox"/> Non-binary/Non-conforming <input type="checkbox"/> Unsure <input type="checkbox"/> Prefer to self-identify: _____ <input type="checkbox"/> Prefer not to answer	
Preferred pronouns you use for yourself: <input type="checkbox"/> She/her/hers <input type="checkbox"/> He/him/his <input type="checkbox"/> They/them/theirs	
Race: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Prefer not to answer	
Ethnicity: <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Multi-race/Other <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Prefer not to answer	
Home Address: _____	
City: _____ State: _____ Zip: _____	
Cell phone: _____ Email: _____	
School Name: _____ Town/City where school is located _____	
Grade: _____ State assigned student identifier (SASID): _____ (Listed on school report card)	

ACTIVITIES AND SERVICES

Charter Oak Boxing Academy will provide participant membership in a comprehensive youth development amateur boxing program. Participant and their parent/guardian acknowledge that a comprehensive explanation of the Activities and Services associated with such membership has been provided to them in the Charter Oak Boxing Academy Program Orientation Packet.

PARTICIPATION ASSUMPTION OF RISK

Charter Oak Boxing Academy involves physically demanding exercises and activities associated with the sport of boxing including running, jumping rope, weightlifting, as well as physical contact with other individuals and/or heavy bags, which may result in personal injury or illness. There are certain risks to be assumed when participating in or training for boxing. Charter Oak Boxing Academy instructors and staff will inform participants of specific safety protocols and will coach participants before each activity but despite these efforts, the Participants and their parents/guardians acknowledge that these activities (even non-contact training activities) carry a risk of serious physical injury or illness which may be permanent and/or death. The participant and their parents/guardians understand and assume those risks and waive any claim of liability against Charter Oak Boxing Academy related to participation in the program.

Participant and their parent/guardian represent that the Participant is in appropriate physical condition for the physical activities associated with this Program. It is very important that the participant informs Charter Oak Boxing Academy of any and all relevant physical and mental health information, including medications and dietary needs, by filling out the required medical information below. Omitting this information may affect the participant's safety and the safety of others. Charter Oak Boxing Academy will not exclude a participant for a health or medical reason unless participation provides an unmanageable risk or burden to instructors, the individual, or to the group, as determined by Charter Oak Boxing Academy.

Would you like to benefit from the following "Champions of Life" services & curricula if appropriate and available?

Academic Tutoring YES NO

Mentoring YES NO

Drug/Gang/Violence/Trauma Prevention & Life Skills Education YES NO

Boys "Intellectual Warriors" & World Boxing Council (WBC) "Building Champions" Group YES NO

Mental Health & Wellness Education YES NO

Mental Health & Wellness Screening & Case Management Services YES NO

Healthy Coping Skills to Alleviate Stress & Anxiety YES NO

Youth Entrepreneurs - Sales, Marketing, Fiscal Literacy, Customer Relations YES NO

Vocational Arts & Job Readiness Programs YES NO

Educational, Recreational & Cultural Field Trips YES NO

Outside Perspectives - Adventure-based Learning Experiences YES NO

Please list or tell us about your strengths: _____

Please list or tell us about your interests:

What are your post-high school plans?

What are your main goals for your experience at COBA? Please check no more than 3.

- To remain (or become) juvenile / criminal justice free
- To remain (or become) free of gang involvement and a perpetrator of violence
- To remain (or become) free of abusing substances (alcohol, tobacco, or illegal drugs)
- To remain (or become) involved in school and achieve passing grades.
- To improve my ability to make healthy choices and utilize positive coping skills to avoid self-destructive behavior.
- To increase my self-esteem, self-image and confidence.
- To become more socially comfortable with others and to improve my interpersonal communication skills.
- To improve my personal accountability, character and leadership skills in order to be a relied upon team member.
- A goal not listed above. Please state it here. _____

OTHER INTERESTS/ACTIVITIES/PROGRAMS

- Sports
- Martial Arts/Karate/Kickboxing
- Academic
- Arts/Drama Programs
- Music
- Other (pls list) _____

Other program(s)/activities you're involved in: _____

How often do you do these activities: Daily 2 days a week 3 days a week 1 day/week Other

How much time do they take: Less than 1 hour/day 1-2 hrs/day 2-3 hrs/day 4+ hrs/day

PARENT/LEGAL GUARDIAN INFORMATION:

Name: _____ Relationship to participant: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternative Phone: _____

E-mail: _____

Information for Second Parent/Guardian (optional):

Name: _____ Relationship to participant: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternative Phone: _____ Email: _____

EMERGENCY CONTACT (if parent or legal guardian cannot be reached):

Name: _____ Relationship to participant: _____

Primary Phone: _____ Alternate Phone: _____

PREFERRED CONTACT INFORMATION (for messages related to the program)

Preferred Phone: _____ Preferred Email: _____

By providing the above phone number and checking this box, you consent to receive automated telemarketing calls and/or text messages from Charter Oaks Boxing Academy. Consent is not required or a condition of participation and can be revoked at any time. Carrier rates apply. Message frequency varies.

Other Individual(s) Authorized to Pick up Participant

Name: _____ Relationship to participant: _____

Telephone Number: _____

Name: _____ Relationship to participant: _____

Telephone Number: _____

Individuals NEVER Authorized to Pick Up Participant

Name: _____ Relationship to participant: _____

Name: _____ Relationship to participant: _____

MEDICAL INSURANCE INFORMATION AND CONSENT

PLEASE CHECK

Is the participant covered by a medical insurance policy?

YES NO

IF YES

Please email a copy of the participant's insurance and prescription cards to [insert email]. Please include the participant's name and the participating organization or school in the body of the email.

Name of the Insurance Company Issuing the Policy:

Please give the policy number:

IF NO

I will assume full responsibility for any medical costs incurred while the participant is with Charter Oak Boxing Academy.

YES NO

PHYSICIAN INFORMATION

Name of Primary Physician: _____ Phone: _____

Other Physician/Psychiatrist/Specialist whom the applicant sees: _____

Phone: _____ Reason for visits: _____

Please attach a recent physical evaluation form completed by a physician or other licensed healthcare provider.

MEDICAL HISTORY INFORMATION																
<p>Has a physician or medical professional ever denied or restricted the Participant's participation in sports or another physical activity for any reason?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO															
<p>Does the Participant have any ongoing medical condition? If so, please identify below:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Asthma</td> <td><input type="checkbox"/> Heart Condition</td> <td><input type="checkbox"/> High blood pressure</td> </tr> <tr> <td><input type="checkbox"/> Hepatitis or other communicable disease</td> <td><input type="checkbox"/> Hemophilia or other bleeding conditions</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Problems with vision</td> <td><input type="checkbox"/> Anemia</td> <td><input type="checkbox"/> Diabetes</td> </tr> <tr> <td><input type="checkbox"/> Problems with hearing</td> <td><input type="checkbox"/> Epilepsy, convulsions</td> <td><input type="checkbox"/> Allergies</td> </tr> <tr> <td><input type="checkbox"/> ADHD/ADD</td> <td><input type="checkbox"/> Depression</td> <td><input type="checkbox"/> Other</td> </tr> </table> <p>Please provide any additional details or relevant information:</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <p>If Participant has allergies, please identify specific allergy:</p> <hr style="border: 0; border-top: 1px solid black;"/>	<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Hepatitis or other communicable disease	<input type="checkbox"/> Hemophilia or other bleeding conditions		<input type="checkbox"/> Problems with vision	<input type="checkbox"/> Anemia	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Problems with hearing	<input type="checkbox"/> Epilepsy, convulsions	<input type="checkbox"/> Allergies	<input type="checkbox"/> ADHD/ADD	<input type="checkbox"/> Depression	<input type="checkbox"/> Other	
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<p>PLEASE NOTE: Participants with a current diagnosis of asthma are required to bring all prescribed inhalers. Participants who have an epinephrine prescription for an allergy are required to bring an epi-pen with them.</p> <p>Charter Oak Boxing Academy will allow participants to store medications, including inhalers and epi-pens, in the office but participants assume all risk for any medications left onsite, including risk of loss, theft, or contamination.</p>																
<p>Does the participant have any other physical or mental disability or condition that may impact their ability to participate in Charter Oak Boxing Academy? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Please explain: _____</p> <hr style="border: 0; border-top: 1px solid black;"/>																
<p>Is there any other medical information about the participant that would be helpful for Charter Oak Boxing Academy to know? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Please explain: _____</p> <hr style="border: 0; border-top: 1px solid black;"/>																

EDUCATIONAL AND SOCIAL SUPPORT SERVICES (Optional – Any information provided about the participant in this section will be treated as highly confidential)								
<p>Services through School District</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Social Worker</td> <td><input type="checkbox"/> School Psychologist</td> <td><input type="checkbox"/> Speech or Hearing Services</td> <td><input type="checkbox"/> Academic Services</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Other (please provide details below)</td> </tr> </table> <p>Please indicate whether Charter Oak Boxing Academy may contact the school district service provider(s) to coordinate or communicate about Participant's enrollment in Charter Oak Boxing Academy and provide the name and email for the provider: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Name: _____ Email: _____ Telephone: _____</p>	<input type="checkbox"/> Social Worker	<input type="checkbox"/> School Psychologist	<input type="checkbox"/> Speech or Hearing Services	<input type="checkbox"/> Academic Services	<input type="checkbox"/> Other (please provide details below)			
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<input type="checkbox"/> Other (please provide details below)								

Mental Health Services

Please provide us any patient authorization or consent required by your mental health provider if you would like Charter Oak Boxing Academy to coordinate or communicate with Participant’s provider about the participant’s enrollment in the Academy.

Juvenile/Criminal Justice Services

Parole/Probation Officer Name: _____

Agency: _____

Email: _____ Telephone: _____

Public Defender/Attorney Name: _____

Agency/Firm: _____

Email: _____ Telephone: _____

Please provide us with any authorization or consent required by the agency or firms named above if you would like Charter Oak Boxing Academy to coordinate or communicate about Participant’s enrollment in the Academy.

Ct. Department of Children & Families

Social Worker Name: _____

Agency: _____

Email: _____ Telephone: _____

Please provide us with any authorization or consent required by the agency named above if you would like Charter Oak Boxing Academy to coordinate or communicate about Participant’s enrollment in the Academy.

Other information or social services support that Participant receives (e.g., mentor programs/clergy) that may be helpful to Charter Oak Boxing Academy Staff:

PARTICIPATION CONSENTS	PLEASE CHECK
I understand the risks associated with engaging in physical activity like boxing and/or training for boxing. I have read and understand all the information above regarding the risks associated with this program. Consent is granted for the Participant to participate in all of the physical activities associated with the Charter Oak Boxing Academy program.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Consent is granted for the Participant to receive any medical treatment, blood transfusion, emergency anesthesia and/or operation(s) that might become necessary in the event of an emergency or injury to the Participant.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Consent is granted for the participant to be transported in a motor vehicle operated by an employee or individual engaged by Charter Oak Boxing Academy to provide transportation to any events, tournaments or competitions not held onsite at the Charter Oaks Boxing Academy.	<input type="checkbox"/> YES <input type="checkbox"/> NO

WAIVER OF LIABILITY	PLEASE CHECK
<p>In consideration of the risk of injury while participating in the boxing activities associated with this program, and as consideration for the right to participate in the activities, I on my own behalf and on behalf of the minor I represent as well as our heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into the waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the activities, and do hereby release and forever discharge Charter Oak Boxing Academy, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss that I or the minor I represent may suffer as a direct result of my participation in the aforementioned activities, including traveling to and from an event related to these activities.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>I, or the minor I represent, is voluntarily participating in the aforementioned activity and I, or the minor I represent, is participating in the activities entirely at my/their own risk. I am aware of the risks associated with traveling to and from as well as participating in this activity, which may include, but are not limited to, physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and death. I understand that these injuries or outcomes may arise from my own or others' negligence, conditions related to travel, or the condition of the activity location(s). Nonetheless, we assume all related risks, both known or unknown to me, of participating in this activity, including travel to, from and during this activity.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>I agree to indemnify and hold harmless Charter Oak Boxing Academy against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf or the behalf of the minor I represent, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf or the behalf of the minor I represent.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

MEDIA AND PHOTO RELEASE	PLEASE CHECK
<p>Permission is granted to Charter Oak Boxing Academy to use photographic and video images of the participant taken at practice, training sessions, tournaments, matches or other events in all aspects of business including slide shows, orientations, and public information materials, such as newsletters, websites, social media, brochures/pamphlets and newspaper or journal articles. Charter Oak Boxing Academy will only identify Participant by first name in any images available to the public.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

ENROLLMENT AND PROGRAM FEES
<p>Participant shall pay a one-time fee of \$_____ (the "Enrollment Fee"). If Participant enrollment in Charter Oak Boxing Academy ends (failure to actively attend training sessions for more than _____ (X) months shall be considered to be terminating enrollment), Participant may be required to enter into a new Participation Agreement and to pay a new Enrollment Fee.</p> <p>The Enrollment Fee may be paid by cash or check and is due when this Participation Agreement is signed. Failure to pay the Enrollment Fee as agreed and if such fee is not waived by Charter Oak Boxing Academy, in its sole discretion, may constitute grounds to terminate Participant's enrollment in Charter Oak Boxing Academy.</p>

Charter Oak Boxing Academy Staff to Complete:

___ Participant has paid the Enrollment Fee in full.

___ Participant elects to pay the Enrollment Fee in monthly installments of \$___, due on the first day of each month beginning _____, 2024 and ending on _____, 2025.

Name of Staff: _____

PARTICIPANT AGREEMENT

Participant agrees to abide by the general policies and rules in the Participant Code of Conduct. A copy of the Participant Code of Conduct was provided to the participant upon enrollment in the Charter Oaks Boxing Academy and a new copy is available upon request at the Charter Oak Boxing Academy. Termination of the participant’s enrollment from the Charter Oak Boxing Academy program may result if he/she repeatedly violates the Participant Code of Conduct or demonstrates physical and/or emotional risk to self or others.

By signing my name below, I agree that I have read and understand the Participant Code of Conduct and that I will follow it for the safety and well-being of all Charter Oak Boxing Academy participants.

Print name of participant: _____

Signature of participant: _____ Date: _____

ACKNOWLEDGMENT

I acknowledge that I have carefully read this "YOUTH PARTICIPANT ENROLLMENT AGREEMENT" and **fully understand** that by signing this document I am **voluntarily giving consent** for myself (18+) or my son/daughter/ward to participate in this program. Further, I acknowledge that my signature is a **release of liability** and expressly **agree to release and discharge** Charter Oak Boxing Academy and all of its affiliates managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, from any and all claims or causes of action and **I agree to voluntarily give up or waive** any right that I otherwise have to bring a legal action against Charter Oak Boxing Academy for personal injury or property damage.

By signing your name below, you are confirming that **the above information is true** to the best of your knowledge, **you understand the risks involved** in the program, and that you (18+) or your child/ward **can participate** in the program.

Parent/Guardian Name (please print): _____ Date: _____

Signature: _____ Date: _____

Relationship to Participant: _____



A Boxing Club Where Life is the Main Event

AUTHORIZED COMMUNICATIONS WITH SCHOOL AND WAIVER

The Charter Oak Boxing Academy and Youth Development Program ("COBA") requires that all school-age participants attend school and achieve grades sufficient to allow the participant to move from one grade level to the next as a condition for admittance to and continued participation in the program. COBA strives to work collaboratively with school staff to support school-age participants in their educational journey and to ensure that COBA standards for participation are being met.

In this regard, COBA requires all parents/guardians to permit communication between COBA staff and school personnel. The Family Educational Rights and Privacy Act ("FERPA") requires written, signed parent consent be provided to the child's school before COBA may communicate with the school. On the next page, please find a form that must be completed to permit this communication. COBA will forward the signed form to your child's school. COBA agrees to use educational information it receives from your child's school only for the purpose of supporting your child's educational needs, as related to enrollment and participation in COBA.

COBA further requires that parents/guardians sign the waiver provided below as a condition of the child's participation in the program.

ACKNOWLEDGMENT

The Participant (minor child) and Parent/Guardian, and his/her heirs, executors, administrators, representatives and assigns, hereby release and discharge the Charter Oak Boxing Academy and Youth Development Program, Inc. ("COBA"), its officers, trustees, faculty, employees, agents and representatives (individually and collectively referred to as "Released Parties") from, and agree not to sue any Released Party for, any and all claims that may arise from the communications that occur between COBA and the child's school, except to the extent caused by the gross negligence or willful misconduct of the Released Party.

I have read and understand the above waiver of claims:

Parent/Guardian Signature

Date

Print Parent/Guardian Name

Print Participant Name

TRANSFER OF CONFIDENTIAL STUDENT INFORMATION

(Document to be provided to school district after parent signature)

Pursuant to the Family Educational Rights and Privacy Act ("FERPA"), I hereby authorize the school(s) identified below to **release** and/or **obtain** (please circle) the following confidential records regarding my child for the purpose of educational planning in connection with my child's participation and enrollment in Charter Oak Boxing Academy ("COBA"):

Name of Child: _____ **DOB:** _____

Address: _____

Parent(s)/Guardian(s): _____

School: _____

Additional School: _____

(Please check all that apply)

	<u>Obtain</u>	<u>Release</u>
All Records	<input type="checkbox"/>	<input type="checkbox"/>
Student Report Card (Needed by COBA)	<input type="checkbox"/>	<input type="checkbox"/>
Pupil Personnel/Special Education	<input type="checkbox"/>	<input type="checkbox"/>
Disciplinary	<input type="checkbox"/>	<input type="checkbox"/>
Health/Medical	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

Records are to be provided to and from: **Charter Oak Boxing Academy**
81 Pope Park Highway

Hartford, CT 06106
P: (860) 951-0377
johnnycallas@cobaboxing.net

ACKNOWLEDGMENT

I understand that the information to be disclosed is protected as an “education record” under FERPA, and that such information shall not be re-disclosed by COBA unless permitted under FERPA. I further understand that the officers, employees, and agents of any party that receives protected information under FERPA may use such information only for purposes for which the disclosure is made.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian



Individual Strengths Plan (ISP)

Name - Age - Date

What subjects in school do you want to do well in?

What are your favorite sports to play and why?

Do you like participating in the arts: drama, singing, poetry, dancing, art, etc.?

What do you think you do well in life?

What are some things that you do that make you feel good about yourself?

Name what you think are some of your positive qualities?

What are some of the positive things you have heard people say about you?

What do you see yourself doing in life: job, married, college, armed forces, etc.?

Who do you look up to and why: athletes, leaders, family, performers, etc.?

What are your dreams for the future?
