

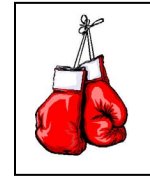
TAC BOXING CLUB GYM RULES:

ALL MEMBERS MUST BE REGISTERED WITH USA BOXING TO WORK OUT

- Check in with Coach when you arrive
- You must pay your membership on the 1st of every month to use the gym.
- Let coach know when you leave the gym
- No equipment is to be taken outside of the gym
- No sparring without a registered coach present
- No Filming, videotaping or taking pictures.
- Inappropriate behavior and/or language from coaches, parents and/or participants will not be tolerated
- No Cell phones
- No horseplay
- No profanity
- Respect the gym, gym equipment, Coaches & Boxers
- Athletes under the age of 12 must have a guardian present
- No Drug, No smoking, No Alcohol
- No one under the influence of drugs/alcohol is allowed in the gym
- No Profanity
- No personal Music devices, No Headphones
- Clean your area. Pick up your trash/plastic bottles, equipment, clothes
- Put all equipment away
- Water only no food or drinks allowed
- No Colors/No Gang activity
- No other Gyms advertisement
- No outside coaching- PARENTS MUST SIT IN VISITOR AREA
- No one under 18 years old is use the weights.
- BASEBALL CAPS WILL NOT BE WORN TURNED BACKWARDS
- BOXER'S MUST BE PICKED UP BY THE PERSON WHO DROPPED THEM OFF UNLESS PREAPPROVED BY THE COACH



Tulare Athletic Boxing Club



Class Schedule

TAC Boxing membership is \$20 per month. All participants must registered with USA Boxing before working out.

TAC reserves the right to refuse service to anyone.

Class Schedule

TAC- Fitness membership (NO CONTACT)

Class is to increase Fitness levels in ALL Sports while training like a boxer without the contact.

Monday - Thursday 5:30 p.m. to 6:30 p.m.

USA Boxing Fitness Membership Fees:

Ages- 8 -17: \$25/year

Ages- 18 and up: \$35/year

TAC gym fee's \$20/month Due the 1st of the each month. First month free with proof of USA Boxing Membership

MONTHLY FEE ARE NOT PRO-RATED

TAC Elite Boxing – CLOSED GYM:

This class for competitive boxers only!

MUST BE REGISTERED AS A COMPETITIVE BOXER W/ USABOXING

ALL BOXERS MUST QUALIFY FOR THIS TEAM

Time: CLOSED GYM-By invitation only.

(TAC Elite Tryouts are to Held every 3 month)

Notes:

All gym sessions will consist of TAC members only. Members must be registered with USA Boxing & complete TAC Boxing paperwork before participating. Youth under the age of 8 years may not participate in ANY

classes. Participants must exit the premises at the end of class unless otherwise directed by coaching staff.

Membership

To become a TAC Team member the following must be completed:

1. Two photographs 1½ x 1½ inches (above the shoulder)
2. Birth Certificate
3. Completed USA Boxing Inc. Athlete Membership Application Receipt
4. Tulare Athletic Boxing Club Registration, Waiver of Liability and Photo/Video Release
5. Completed USA boxing physical form , (Must be signed by an MD)
6. Membership fee is \$20 per month.

All athletes must registered with USA Boxing before participating in TAC classes.

USA Boxing requires an annual fee.

USA Boxing Fitness Membership:

- 17 years & younger \$25. 18 years & older \$35 per years.

Registration and payment are to be completed online at

<http://www.teamusa.org/usa-boxing>.

**Personal training sessions are also available.
Speak with Jamie Valdez, Aldo Rodriguez or
Chris Campos for more information**

APPLICATION FOR TULARE ATHLETIC BOXING CLUB

1331 South OST STREET, Tulare, CA 93274
(559) 905-8933

I hereby apply for membership to Tulare Athletic Boxing Club. I understand that monthly dues must be paid on the 1st Monday of every month. All information shall be kept confidential.

NAME: _____

MALE /FEMALE AGE: D.O.B: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL: _____ WORK: _____

EMAIL: _____

Liability Waiver

It is expressly agreed that all use of the fitness facilities shall be undertaken by you at your own risk, and the TACBoxing Gym shall not be liable for any injuries or damage to you, any member or guest, or the property of any member or guest, or be subject to any claim, injury or damages whatsoever, including, without any limitation, those damages resulting from acts of active or passive negligence on part of the Gym, its successors or assignees, employees, as well as its officers and agents, and/or the acts of third persons. It is specifically agreed that the Gym shall not be responsible or liable for loss or damage to any of your property or your guests, including automobile and contents. It is also agreed that, any damage to the Gym facilities or property, the property of any member by another member or guest is the sole responsibility of the offending member or guest.

The undersigned acknowledges that boxing and boxing associated training, involves certain inherent risks, which can cause physical injury or death. The undersigned assumes all risks and by executing the liability waiver, knowingly relinquishes his/her, parent or legal guardian of the right to make a demand or claim or institute litigation for any cause of action, damage, or personal

For the purposes of this Liability waiver, the "Gym" shall be defined to include the Tulare Athletic Boxing Club, USA Boxing, TAC Board members, Coaches, trainers & the County of Tulare and its agents

I agree that I am responsible for any damages caused by me to the facilities and equipment of Tulare Athletic Boxing Club and will be charged for the replacement of those items.

Athlete Name: _____ Date: _____

PRINT

Athlete Signature: _____ Date: _____

Parent Name: _____ Date: _____

PRINT

Signature: _____ Date: _____

Parent if athlete is under 18 yrs. old

APPLICATION FOR TULARE ATHLETIC BOXING CLUB

1331 South OST STREET, Tulare, CA 93274
(559) 905-8933

Photo Release

I (we) the undersigned and parent or legal guardian if under 18 hereby consent, that my/his/her/ image, and likeness, as captured in the videotapes, photographs, motion picture film and/or electronic images in which I appear, and /or audio recording made of my voice may be used by The Tulare Athletic Boxing Club, its assigns or successors, in whatever way they desire, including television; furthermore, I hereby consent that such photographs, films, recordings, and electronic images and plates, tapes and/or software from which they are made shall be their sole property and they shall have the right to sell, duplicate, reproduce and make other uses of such photographs, films, recordings. Electronic images, plates, tapes and software as they may desire free and clear of any claim whatsoever on my part.

Print Name

Street Address/ Unit Apt #

City

State

Zip Code

()

Phone Number

CELL #

E-Mail

Emergency Contact Name/Number

If Under 18 Years Old,

Athlete Signature

Parent or Legal Guardian Name

Parent or Legal Guardian Signature

**I ACKNOWLEDGE THAT,
TAC BOXING RESERVES
THE RIGHT TO REFUSE
ENTRY AND/OR USE OF THE GYM
TO ANYONE AT ANY TIME.
YOU MUST ABIDE
BY OUR GYM RULES
OR YOU WILL BE
ASKED TO LEAVE
WITHOUT REFUND!**

PRINT NAME: _____

MEMBER SIGNATURE: _____ Date: _____

PRINT GUARDIAN NAME: _____

GUARDIAN SIGNATURE: _____ Date: _____

TULARE ATHLETIC BOXING CLUB/TAC BOXING

CODE OF CODUCTS

I understand that my compliance with the Code is a requirement for my participation and membership at TAC Boxing. I recognize that this Code does not establish a complete set of rules that prescribes every aspect of appropriate behavior. Further, I;

1. Will act in a manner consistent with the spirit of fair play and responsible conduct;
2. Will recognize, respect and adhere to the authority of TAC Boxing's appointed Coaches;
3. Will comply with TAC Boxing's uniform requirements;
4. Will refrain from use of drugs and alcohol during training and competition;
5. Will abide by the policies and rules established by TAC Boxing & USA Boxing;
6. Will respect others, including my TAC boxing teammates, opponents, coaches, competitors;
7. Will not engage in, nor tolerate any form of verbal, physical, sexual harassment or abuse
8. Will respect the property of others;
9. Will refrain from profanity & derogatory language that would reflect negatively on TAC Boxing; & myself
10. Will refrain from illegal or inappropriate behavior that would detract from a positive image of TAC Boxing and myself.

Any member present during any violation of the Code of Conduct should leave the area immediately or be considered a participant by choice.

Disciplinary Procedures and Penalties

Failure to comply with the TAC Boxing Athlete Code of Conduct set forth in this document may result in your TAC Boxing membership being suspended or terminated.

Following any disciplinary action by TAC Boxing, the disciplined member has a right to a hearing by the TAC Board of Directors if requested in writing and within the statute of limitations (1 month)

Acceptance

I pledge to uphold the spirit of this Code, which offers a general guide to my conduct as an athlete member of TAC Boxing. I agree to follow the USA Boxing Grievance Procedures if I am charged with violation of the Code. I have familiarized myself with the Code and understand that my acceptance of it, is a condition of my membership in TAC Boxing

Participant's Name (printed)

Date

Participants Signature

Date

Parent signature (if under 18 years old)

Date

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
 Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- Not cleared
 Pending further evaluation
 For any sports
 For certain sports _____
Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____
Address _____ Phone _____
Signature of physician _____, MD or DO



Physical Examination Signature Page

Attach this page to your athlete passbook, and keep a copy for your records

(Page 3 of 3)



Boxer's name: _____ Date of Birth: _____

Boxer's signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____

_____ Cleared for all sports without restriction

_____ Cleared for all sports without restriction with recommendations for further evaluation for _____

_____ Not cleared

_____ Pending further evaluation

_____ For any sports

_____ For certain sports _____

Reason: _____

Recommendations: _____

I have examined the above-named athlete and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete and parent/guardian.

Name of Physician/P.A./or Nurse Practitioner: _____

Address: _____ Phone: _____

Signature: _____ Date: _____