General Requirements

Each youth is responsible for bringing the following on their first day:

1. Good workout shoes
2. Proper workout attire
3. Handwraps
4. Completed paperwork including signed and stamped physical form from Physician

Competition Requirements

Each youth is responsible for bringing the following if they would like to compete:

1. USA Boxing Book
2. Boxing Shoes
3. USA Approved Headgear
4. Mouthpiece (moldable)
5. Protective Cup

As a reminder, youth should be dropped off no later than 4:30 pm and picked up no later than 6:30 pm.

**As a courtesy, it would be appreciated if parents would call if child is absent for 3 or more days. Thank you.**
**Mission Statement**

The Ring of Fire Boxing program’s mission is to keep bay area youth off the streets. It is a boxing club fueled solely by volunteers dedicated to providing disadvantaged youth in all San Francisco neighborhoods (especially the Excelsior, Mission, Potrero and Bayview) and the North Peninsula a structured, positive environment where kids can remain active and out of trouble upon getting out of school.

The program has been designed to build confidence, sportsmanship and leadership. The concept is that kids can come to the gym, work out, get a "sense of purpose", compete (if interested), and be safe from the temptations of the street. Our organization of volunteers, are individuals that work full time jobs, however, find time to donate their time to help kids in need.

This is a 100% non-profit and is free for boys and girls, aged 8 to 17 years old and is old and is open 5 days a week.

**Facility**

We have two terrific facilities for Ring of Fire Boxing. Our original gym is located at 799 Moscow Street, San Francisco CA, 94112 (Crocker Amazon Playground). Our newer gym is located at 180 Industrial Way, Brisbane CA 94005. Our facilities are state of the art with a mix of old school tough which allows all to build their body and confidence in the perfect environment to reach your maximum potential.

**Crocker Amazon Gym**

This facility is located under the baseball stands of diamond #1 located next to the main clubhouse. This small facility is home to dozens of youth fighters learning the game of boxing, as well as how to respect themselves and others.

**Brisbane Gym**

The Brisbane Ring of Fire Gym is a state of the art boxing facility complete with all the amenities needed to train your body and mind for an improved body and mind or top-notch competition.

This is Ring of Fires main facility, which has played host to the Northern California Junior Olympic championships.

Our “official” hours are 4:30 to 6:30 Monday through Friday. We are often at boxing events on Friday evenings, Saturday and Sundays. The week before bouts may include off site sparring at boxing clubs throughout the Bay Area (from Novato to Salinas and the East Bay).

For questions, please contact Ring of Fire Boxing at 415-859-5568 or at ringoffireboxing@comcast.net
FLAME
Ring of Fire Boxing

We will....

• Not tolerate name calling, bullying, or violence of any kind
• Not interrupt when others are speaking
• Be kind, respectful and understanding of one another
• Be mindful of the health of others by not wearing strong fragrances
• Not tolerate sexist or racist language
• Be respectful of personal property and community property
• Include others and embrace differences.
• Control gossip and rumors
• Let coaches/trainers know when we feel unsafe for whatever reason
• HAVE FUN

Rules . . .

• You must sign-in daily upon entry to the gym
• No stealing
• No cursing or foul language
• Verbally abusive, derogatory, or racial comments will not be tolerated.
• Use the locker room when changing clothes (men in locker room / women in restroom)
• Shirts must be worn on gym floor at all times
• No one is aloud to spar without proper license and approval from their coach.
• When sparring, proper boxing gloves, headgear, mouth piece and groin protection must be worn.
• Gloves and hand wraps must be worn when working with heavy bag and speed bag.
• Please respect the gym property and property of others.
• During practice, dress as if you are going to a boxing gym (i.e. shorts, sweats, tshirt and tennis shoes)
• Treat people how you would want to be treated.
• No drugs and alcohol or weapons will be aloud in gym at any time.
FLAME – RING OF FIRE REGISTRATION FORM (MINORS)

☐ New    ☐ Update Existing Participant    Date:________________

First Name: ___________________________    Last Name: ___________________________
Street Address: ______________________    City/State: ____________________________
Zipcode: ______________________________    Grade in School: ______________________
Date of Birth: ______________________    Current School Attending:____________________
Male: ___________________________    Female: _______________________________

Email Address: __________________________

(1) Parent/Guardian Contact
Name: ___________________________    Telephone Number: _______________________
Email Address: ______________________    Emergency Number: ______________________

(2) Parent/Guardian Contact:
Name: ___________________________    Telephone Number: _______________________
Email Address: ______________________    Emergency Number: ______________________

Medical Insurance | Circle – YES or NO | If yes, please provide a copy of child’s medical card

In case of emergency preferred hospital ___________________________
Food or Medical Allergies/Inhaler etc.: ___________________________
Special Needs Considerations? (ADD, ADHD, Dyslexia, Physical Limitations, etc.?)
Please provide brief description of any information that may be helpful to the coaches in preparing activity programs or communications with the participant)

________________________________________
San Francisco Residents – Voluntary – you may decline. This organization receives funding from the SF DCYF and they request that we track categories such as Ethnicity/Race, Primary home language, and English Fluency.

Race/Ethnicity: ___________________________ Specify: ___________________________
Primary Home Language: __________    English Fluency: Fluent/Not Fluent/Somewhat Fluent

Completed by Parent/Guardian (Print Name and Sign): ___________________________

For Club Use: Form Complete _______ Entered into DCYF _______ Parent Signed Waiver: _______
USA Boxing Registration – Complete: _____ Physical Form Signed and Stamped by Physician: _____
MINOR WAIVER/RELEASE
RELEASE OF LIABILITY FOR MINOR PARTICIPANTS – READ BEFORE SIGNING

IN CONSIDERATION OF (Name of Minor/Child/Ward)__________________________________________, my child/ward, being allowed to participate in any way in the FLAME program and Ring of Fire Boxing Club and related events and activities, undersigned acknowledges, appreciates, and agrees that:

The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

1) FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IS ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child’s participation; and,

2) I willingly agree to comply with the programs’s stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child’s readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,

3) I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS FLAME Program and Ring of Fire Boxing Club; its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child’s involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

4) I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

_________________________________________  ______________________________________
PARENT/GUARDIAN SIGNATURE                  PRINT NAME

_________________________________________
DATE SIGNED

UNDERSTANDING OF RISK
I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

_________________________________________  ______________________________________
PARENT/GUARDIAN SIGNATURE                  PRINT NAME

_________________________________________
DATE SIGNED
Release for Use of Photos

I understand that FLAME – Ring of Fire Boxing may use photos or videos of/from gym activities or boxing events which may include my child(ren) or family members for purposes which may include, but not be limited to, fundraising, public relations and posting at the gym facility (including but not limited to brochures, photo books, collages) and, on behalf of my child(ren) and family, I agree to allow FLAME – Ring of Fire to use photos for these purposes without further need for permission or authorization.

Participants Name(s):

(Parent/Guardian Signature)

(Print Name)  (Date Signed)

Permission for Transportation

I give FLAME - Ring of Fire trainers and volunteers permission to transport my child to the gym and events by chartered bus, public transportation, rented or leased vehicle and personal vehicles as a participant in the FLAME Ring of Fire Program.

Participants Name(s):

(Parent/Guardian Signature)

(Print Name)  (Date Signed)
## BOXING PHYSICAL FORM

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>D.O.B.</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### HISTORY

**HAS APPLICANT EVER HAD ANY OF THE FOLLOWING:**

- **SWOLLEN JOINTS**
  - YES __ NO __
- **FREQUENT HEADACHES**
  - YES __ NO __
- **SPITTING UP BLOOD**
  - YES __ NO __
- **SHORTNESS OF BREATH**
  - YES __ NO __
- **VENEREAL DISEASE**
  - YES __ NO __
- **WORN OR WEAR GLASSES/CONTACT LENSES**
  - YES __ NO __
- **DIABETIC**
  - YES __ NO __
- **DEBILITATING DISEASE**
  - YES __ NO __
- **ORAL SURGERY**
  - YES __ NO __

**RHEUMATISM**

**CHRONIC COUGH**

**CONVULSIONS**

**FAINTING SPELLS**

**DIZZY SPELLS**

**BLURRING VISION**

**EPILEPSY**

**ORAL SURGERY**

Explain any “YES” answers:

---

**HAS APPLICANT EVER BEEN KNOCKED UNCONSCIOUS IN ANY SPORT:**

- YES __ NO __

**IF “YES,” LONGEST DURATION OF UNCONSCIOUSNESS:**

**ALSO PLEASE GIVE DATE AND PARTICULARS:**

---

### MILITARY SERVICE

**MILITARY SERVICE:**

- YES __ NO __

**TYPE OF DISCHARGE:**

**IF REJECTED, PLEASE GIVE REASON:**

---

**ANY HISTORY OF MENTAL ILLNESS:**

- YES __ NO __

**IF YES, EXPLAIN IN FULL:**

---

**ALLERGIC REACTIONS TO ANY MEDICATION:**

- YES __ NO __

**EXPLAIN:**

---

**TAKING MEDICATION REGULARLY:**

- YES __ NO __

**EXPLAIN:**

---
# EXAMINATION

**GENERAL APPEARANCE:**

<table>
<thead>
<tr>
<th>HT.</th>
<th>WT.</th>
<th>TEMP.</th>
<th>AGE</th>
<th>PULSE (AT REST)</th>
<th>BP (AT REST)</th>
</tr>
</thead>
</table>

**DISABLING SCARS:**

**EYES:**

- **VISION WITHOUT GLASSES:**
  - RIGHT: [YES/NO]
  - LEFT: [YES/NO]

- **PUPILS EQUAL:** [YES/NO]
- **REACT TO LIGHT:** [YES/NO]

- **EARS:**
  - AUDITORY CANALS CLEAR: [YES/NO]
  - TYMPANIC MEMBRANES NORMAL: [YES/NO]

- **MOUTH:**
  - TEETH: [YES/NO]
  - TONSILS: [YES/NO]
  - NECK: [YES/NO]

- **ENLARGED GLANDS:** [YES/NO]
- **GOITER:** [YES/NO]

- **HEART:**
  - PULSE RHYTHM: [REGULAR/IRREGULAR]
  - APICAL IMPULSE: [HEAVING/NORMAL]
  - MURMURS: [YES/NO]

- **LUNGS:**
  - CLEAR: [YES/NO]
  - RALES: [YES/NO]

- **ABDOMEN:**
  - ENLARGEMENT OF LIVER: [YES/NO]
  - ENLARGEMENT OF SPLEEN: [YES/NO]
  - HERNIA:
    - FEMORAL: [YES/NO]
    - INGUINAL: [YES/NO]
    - VENTRAL: [YES/NO]

- **GENITALIA:**
  - DISCHARGE: [YES/NO]

- **HANDS:**
  - RECENT INJURY: [YES/NO]
  - FRACTURES: [YES/NO]
  - SWELLING: [YES/NO]
  - UNHEALED WOUNDS: [YES/NO]

- **REFLEXES:**
  - PUPILS: [YES/NO]
  - KNEE JERKS: [YES/NO]
  - ROMBERG: [YES/NO]
  - BABINSKIE: [YES/NO]

- **SKIN:**
  - RASH: [YES/NO]
  - BOILS: [YES/NO]
  - ANY OTHER: [YES/NO]

**REMARKS:**

______________________________

I HAVE THIS ________ DAY OF __________________________, 20___, EXAMINED THE ABOVE NAMED APPLICANT, FINDING HIM/HER OF SATISFACTORY/UNSATISFACTORY PHYSICAL CONDITION TO BE CERTIFIED AS AN AMATEUR BOXER.

I certify under penalty of perjury that the foregoing history is true and correct; further, I realize that any misstatement in said history will result in revocation or rejection of USA/BOXING passbook.

**PHYSICIAN’S SIGNATURE**

 ____________________________

**ADDRESS**

 ____________________________

**CITY AND STATE**

 ____________________________

**SIGNATURE:**

 ____________________________

**PARENT OR LEGAL GUARDIAN (IF UNDER 18 YEARS OF AGE)**

 ____________________________
USA BOXING ONLINE REGISTRATION
FOR SPARRING AND COMPETITION

1. Go To USaboxing.org

2. Scroll Down To Membership

3. Choose Athletes Registration

4. Choose New Member

5. Follow Steps On Application

6. Select “FLAME-Ring of Fire Boxing Gym” when selecting gym you belong to

7. Need Eye Color And Hair Color To Enter In Application

8. Print Out Confirmation And Health Affadavit To Be Signed By Parent And Child

9. Once Siged Please Attach Copy Of Birth Certificate Or Copy Of USA Passport Along With Two Passport Color Photos (1 ½ X 1 ½ Above Shoulder Shots) And Stamped And Signed Physician Form (Within Last 6 Months)

10. Send All These Documents Along With A Stamped Return Envelope Where Address Book Should Be Sent Back To Candelario Lopez With USA Boxing