



Brick Township  
**Police Athletic League**

# **BOXING**

## **Gym / Program**



**60 Drum Point Road  
PO Box 4095  
Brick, NJ 08723  
Phone: 732-477-0144**



Brick Township  
Police Athletic League  
**BOXING PROGRAM**

**REGISTRATION INSTRUCTIONS & INFORMATION**

- 1) Checks are made payable to Brick PAL. Please note participant's name and "Boxing" on the check.
  - 2) Returned check fee-\$25.00. After 1 bounced check only cash or money orders will be accepted.
  - 3) Registration Forms cannot be faxed and must be submitted with proper fees and required paperwork.
  - 4) A Doctor's Health Release Form is required before starting any sport related program.
  - 5) \$75.00 check made payable to the Brick PAL for a **non-refundable** registration fee that includes mouthpiece and hand wraps.
  - 6) Program fee is a \$10.00 monthly tuition charge.
  - 7) All program attendees must be signed in and signed out while enrolled in PAL programs.
  - 8) After your first 8 week training session, you will receive a certificate and a Boxing Tee Shirt. You are eligible to register with the USA Boxing Assoc. if you would like to box against other members.
- There is a fee of \$40.00 along with copy of member's birth certificate and two passport-size photos.  
(Checks are made out to **USA Boxing Assoc.** for this registration)

Brick Police Athletic League  
PO Box 4095  
60 Drum Point Road  
Phone: 732-477-0144  
Fax: 732-477-0510  
Email: info@brickpal.org



**BOXING TRAINING PROGRAM – You can only be here when the coaches are here. You are required to spar and participate in matches.**

***BASIC BOXING TRAINING COURSE***

The Basic Boxing Training for the White Collar Boxing program and Class A Amateur Boxer Program is an intense 7-week training program. The training includes the following:

- Orientation to USA Olympic Style Amateur Boxing
- Basic boxing skills education/training
- Nutrition education
- Physical fitness conditioning training
- Leadership and confidence skip training
- Sport drug/alcohol prevention education
- Anger management training

Members who successfully complete the Basic Boxing Training course receive a recognized certificate of completion and merit a PAL shirt. Also, each will be tested on their knowledge and skills of Olympic Style Amateur Boxing.

***ADVANCE BOXING TRAINING COURSE***

The Advance Boxing Training is only offered to members that successfully complete the Basic Boxing Program. The Advance Boxing Training Program is an additional 7-week training session. This training includes:

- Defensive and offensive boxing tactics
- Physical conditioning and readiness training
- Introduction to punching combination skills
- Boxing equipment usage and training

***CLASS A AMATEUR BOXER PROGRAM***

The Class A Amateur Boxer Program is only available to members that complete both the Basic and Advance Boxing Training Courses. Also, members who complete both courses and desire to enter a boxing competition or tournament must sign a waiver and submit it to the Brick PAL Boxing coaches.

**NOTE:** This signed waiver also pertains to physical contact sparring in the ring.



## MISCELLANEOUS REQUIREMENTS

### *Amateur Boxing License*

All members of the Boxing Gym/Program must register with the USA Amateur Boxing to cover all physical liabilities and injuries. This is a secondary insurance regulation.

### *Age*

Members must be 12 years old to 40 years old to participate in the Amateur Boxing Programs.

### *Medical Clearance*

Members of the Brick PAL Boxing Gym/Program must submit an approved doctor statement that he/she can participate in a Boxing Program.

## **RULES and REGULATIONS – See Attachment A**

Mentioned below are the Rules and Regulations of the Brick PAL Boxing Gym:

- You can only be in the gym when the coaches are here.
- You are required to spar and participate in matches.
- No Smoking
- No girlfriends or boyfriends allowed in the Gym
- No radios, CD players or earphones
- No jewelry – such as earrings, tongue ring, etc.
- No eating of food or drinking beverages except water
- No equipment, training gear, and personal clothing left in lockers overnight
- No foul language, swearing, or cursing
- No sexual misconduct of any nature
- Proper personal hygiene
- Pay special attention to hygiene. Pleasant body odor enhances your relationship with peers.
- No destruction to boxing equipment
- Training session will begin on time. **NO LATENESS!**
- Attached is the USA Amateur Boxing Code of Conduct Standards and Regulations

Any infraction of the rules and regulations will warrant as follows:

- First Offense – 1 demerit
- Second Offense – 2 demerits
- Accumulation of 2 demerits for the same infraction will result in a one-week suspension from the Gym.
- Continual infraction will result in dismissal from the Boxing Gym premises.



## EQUIPMENT/UNIFORM

The following equipment and uniform is required from *Basic Boxing Training*:

- 2 clean white T-shirts (name printed on back with black laundry marker)
- 1 pair of clean gray sweatpants
- 1 mouthpiece (plastic or rubber) single or double
- Hand wraps of choice
- Sneakers/wrestling shoes, boxing shoes
- Personal water bottle with your name on it.

For the *Advance Training Program*, the same equipment listed above is required plus:

- Purchased personal bag gloves
- Groin cup
- Personal 12oz boxing gloves

## CONDITION DRILLS/PHYSICAL EXERCISES

The following are the Basic Conditioning Drill Exercises for the Basic Boxing Training Program and Advance Boxing Program:

### *Conditioning Drill I – Exercises*

- Jumping Jacks
- Trunk Twister
- Sit-ups
- Stomach Rockers

### *Conditioning Drill II – Exercises*

- Arm Circular
- Duck Walk
- High Jumper/Bend and Reach
- Stomach Crunches
- Running in Place/Get Up/Fall Down

## SPECIAL NOTE:

Roadwork or Running is essential and complement to a boxer's workout and physical conditioning.

It is highly recommended that each member of the Brick PAL Boxing Program run or jog at least 1 mile in 10 minutes on his own and gradually decrease the number of minutes during each weekly running cycle. You should run or jog at least 4 times per week only.

***Remember, run or jog at your own pace and be careful and safe!***



# Brick Township Police Athletic League BOXING Registration Form

Po Box 4095  
60 Drum Point Road  
Brick, NJ 08723  
732-477-0144

### PROGRAM

<input type="checkbox"/> MEMBERSHIP	<input type="checkbox"/> JUDO	WINTER SOCCER	<input type="checkbox"/> Clinic 1
<input type="checkbox"/> YOUTH FORUM	<input type="checkbox"/> BOXING		<input type="checkbox"/> Clinic 2
<input type="checkbox"/> HOCKEY PROGRAM		<input type="checkbox"/> SUMMER SOCCER	

### PARTICIPANT INFORMATION

Participant's Name:		Social Security #	
Street Address:			
City/State/Zip		Home Phone:	
Date of Birth	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade:	

### EMERGENCY CONTACT INFORMATION (Must Be 18 Years-Of-Age Or Older)

Contact Name	Relationship
1)	
Telephone -- Home#	Cell/Beeper# Work #
2)	
Telephone -- Home#	Cell/Beeper# Work #
3)	
Telephone -- Home#	Cell/Beeper# Work #
4)	
Telephone -- Home#	Cell/Beeper# Work #

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**Physician Information**

<i>Physician Name:</i>	<i>Phone #</i>
<i>Address:</i>	

**Insurance Information**

<i>Insurance Carrier:</i>		
<i>Address:</i>		
<i>ID #</i>	<i>Policy #</i>	<i>Group #</i>

**Any Additional Information You Feel is Necessary**

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**Participant Authorization**

1) Please enroll me for the program indicated on the front of this application. I understand I will remain in the program for period reserved.

2) I authorize Brick PAL to utilize my pictures in their advertisements.

3) I authorize the Director or Director's designee of the above PAL Youth Center to obtain emergency treatment for me. I further consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

4) I also recognize and understand that the use of any equipment and/or my participation in any activity sponsored by the Brick Township Police Athletic League will be done at my own risk, knowing that the use of said equipment and/or participation in said activities may subject me to physical injury serious or otherwise. As such, I will not hold the Brick PAL, it's members, coaching staff/volunteers and directors responsible for any accident or injury that may befall me in the use of said equipment and/or the participation in said activities. Furthermore, I will provide the Brick PAL with a medical certification form from my doctor attesting to my physical ability to participate in certain activities requiring notification.

By affixing my signature below, I agree and fully comprehend that I am responsible for all payments incurred with regard to this program.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND I AM ELIGIBLE TO PARTICIPATE IN THE BRICK PAL BOXING PROGRAM.

X _____	X _____
_____ Signature of Applicant	_____ Signature of Parent/Guardian (if applicant under 18)
_____ Date	_____ Date