



# The Central Florida School of Hard Knocks USA Boxing Amateur Program



The Central Florida School of Hard Knocks boxing program, established in 2003, is affiliated with USA Boxing Association. This is an amateur program designed for the beginner to advance level participants, ages 7 and up, with opportunities of personal growth and competition in state, regional, and national events.

## MONTHLY SESSIONS

Monday, Tuesday, Wednesday, Thursday & Friday  
Introduction Level of Boxing: 5pm to 7pm  
Advanced Level of Boxing: 7pm to 9pm

## COST

\$55.00 for one month

## LOCATION

624 Bills Lane, Altamonte Springs, FL 32714  
Westmonte Recreation Center

**LIMITED SPACE AVAILABLE, FIRST COME BASIS**

## CALL TO REGISTER

Director: Coach Jun (Adalberto Morales) 407-283-4848  
Program Supervisor: Edwin Tosado 407-571-8779



**PLEASE PRINT ALL INFORMATION BELOW:**

Participant Name (First & Last Name): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone (for emergency): \_\_\_\_\_

**Please make payment to: The Central Florida School of Hard Knocks**

### WAIVER AND RELEASE FROM LIABILITY

THE UNDERSIGNED PARTICIPANT and/or his/her guardian, in consideration for the Central Florida School of Hard Knocks and the City of Altamonte Springs through its Department of Leisure Services providing facilities, instruction and supervision in the activity listed above does hereby:

1. Assume all risk of possible damage or injury involved through participation in the above noted activity.
2. Request permission to participate in the activity with full knowledge that said activity could result in damage or injury to me.
3. Agree to indemnify and hold harmless the City and/or its departments and the Central Florida School of Hard Knocks from liability resulting from any participation in said activity.

The undersigned, \_\_\_\_\_ does hereby represent that he/she is, in fact, the  
(Parent/Legal Guardian name, please print)  
parent or legal guardian of \_\_\_\_\_ and acting in such capacity agrees to the  
(Participant name, please print)  
terms and conditions of the above stated waiver and release.

\_\_\_\_\_  
PARTICIPANT NAME (PLEASE PRINT):

\_\_\_\_\_  
PARENT OR LEGAL GUARDIAN (SIGNATURE)

\_\_\_\_\_  
DATE