



CDBG __ NONQUAL __

FIST OF GOLD YOUTH CENTER, INC.

Gym Location: 400 N. Gibbs Street Pomona, CA 91767

Gym Phone: (909) 376-0343 Email: Director@Fistofgold.org

Mailing Address: 101 West Mission Blvd., Suite 110-371, Pomona, CA 91766

APPLICATION

INTAKE INFORMATION

Name: _____
Last First Middle

Address: _____
Number _____ Street _____ Apt# _____

City: _____ Zip: _____ Home Phone: _____

Birth Date: _____ Present Age: _____
Mo/Day/Year

School: _____ Grade Level: _____

Mother's Name: _____ Father's Name: _____

Guardian's Name: _____

PERSON TO CONTACT IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Address: _____

SIGNATURES

I, _____, want to participate in the Fist of Gold Program. I will respect Fist of Gold & the gym and its property. I agree to accept the rules of participation.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



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**FIST OF GOLD YOUTH CENTER, INC.
CITY OF POMONA**

RELEASE AND WAIVER

In consideration of membership granted me or my son/daughter by Fist of Gold Youth Center. Inc, to participate in amateur boxing during my his/her tenure as an amateur boxer, I, the undersigned, waive and release any and all rights I, my heirs, executors, administrators or assignees may have or claim to have for any claims, demands, actions. judgments against Fist of Gold Youth Center, Inc.. the City of Pomona, successors or assignees, for all personal injuries, known or unknown. injuries to property, real or personal, caused by or arising out of the described sports activities.

If I observe any unusual. significant rule violations or hazards during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

I, the undersigned, fully understand and appreciate that participation in this sport carries a risk to me of serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize, accept and assume the risk.

I, the undersigned, have read the Release/Waiver and understand all its terms and conditions. I execute it voluntarily and with full knowledge of its significance.

FEMALE BOXERS ONLY: I certify that I am not pregnant, or have any painful pelvic discomfort such as symptomatic endometriosis or other causes, abnormal vaginal bleeding of undetermined causes (etiology), recent loss or menstrual period (secondary amenorrhea), recently developed breast mass, recent breast dysfunction; if so I know to immediately notify my coach if any of the above described condition should develop/apply.

Signed _____ Date _____

Participant's Full Name

Signed _____ Date _____

"Parent(s) or Guardian(s)

• REQUIRED OF ATHLETES UNDER LEGAL AGE OF 18



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AUTHORIZATION AND RELEASE OF LIABILITY

I, as his/her parent(s) or guardian(s), or I as an adult member, voluntarily give full approval and consent for Fist of Gold Youth Center, Inc. to photograph members and participants and use pictures in connection with promotion of the organization's sponsored activities. Further, express consent for Fist of Gold Youth Center, Inc or any staff member in rendering and/or requesting emergency medical treatment in which injury or injuries are a direct result of participation in an approved sponsored activity. I do hereby release, remise, and forever discharge Fist of Gold Youth Center, Inc and any and all said agencies, organizations, employees, agents, board members, or sponsors from any and all liability claims, demands, and/or injuries that may occur from any cause whatsoever as a result of participation in said activities. I have read and fully understand the above authorization and liability release and do hereby voluntarily affix my signature below:

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

VERIFICATION

Please attach proof of income (for example: W-2, W-9, income tax for current prior period and/or verification assistance programs).

Please circle below verifying if you child does or does not participate in a free school lunch program. If yes, please attach copy of school lunch card.

(Circle one)
YES NO Type: _____

If your household or child is on any type of assistance program, please circle below and state type:

(Circle one)
YES NO Type: _____



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FIST OF GOLD YOUTH CENTER, INC.
"Giving Youth a Fighting Chance"
 City of Pomona CDBG Reporting Form

Ethnic Categories:

Please check one of the two ethnic categories (The two ethnic categories that you should choose from are defined below)

Ethnicity

Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin)

Not-Hispanic or Non-Latino (A person not Cuban, Mexican, Puerto Rican, South or Central American or Spanish culture or origin, regardless of race)

Racial Categories:

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native & White
- Asian & White
- Black/African American & White
- American Indian/Alaskan Native & Black/African American
- Multicultural

Household Information:

Head of Household
 Female
 Male

Head of Household
 Under 62 Years of Age
 Over 62 Years of Age

Income Certification (as of April 1, 2021):

Annual Income Level Based on Household Size

Please check our household size and follow that same line to check off your annual income.

Household Size	<u>Very Low</u> (30% of Median)	<u>Low Income</u> (50% of Median)	<u>Moderate</u> (80% of Median)
1	\$ 0 - \$24,850	\$24,851 - \$41,400	\$41,401 - \$66,250
2	\$ 0 - \$28,400	\$28,401 - \$47,300	\$47,301 - \$75,700
3	\$ 0 - \$31,950	\$31,951 - \$53,200	\$53,201 - \$85,150
4	\$ 0 - \$35,450	\$35,451 - \$59,100	\$59,101 - \$94,600
5	\$ 0 - \$38,300	\$38,301 - \$63,850	\$63,851 - \$102,200
6	\$ 0 - \$41,150	\$41,151 - \$68,600	\$68,601 - \$109,750
7	\$ 0 - \$44,000	\$44,001 - \$73,300	\$73,301 - \$117,350
8	\$ 0 - \$46,800	\$46,801 - \$78,050	\$78,051 - \$124,900