

Sponsored By Mayor, Dave Cassetti
Presents



Youth Boxing Program
Open to ALL Valley Residents
Ages 6-13



Boxing is fun and exciting and keeps kids fit and active. This supervised program allows children to learn the fundamentals and train like a boxer. It's a fun and energetic approach to physical fitness in a fun and safe environment. This means that you can be sure of your child's safety and well being. Program concludes with the kids participating in our fourth annual Pinky Silverberg Boxing Tournament, which is a supervised tournament in an official boxing ring! There will be individual trophies and an official CT Amateur Boxing card to follow on November 11th.

- · Students will be grouped according to age
- · Kids will learn the basics of boxing
- Develop confidence, coordination and skill.
- Develop disciple and work ethics.
 workouts include: sparring, speed bag, heavy bag, jump rope and various forms of aerobic exercises

Cost \$50 per student. All Equipment Provided

Students are required to wear shirts, shorts and sneakers

Registration: Saturday, September 2nd, 10_{am} - 1_{pm} at the Ansonia Armory, 5 State Street, Ansonia

For questions contact Mayors office at: 203 736-5900

Pinky Silverberg Boxing Chil

Child's First name

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"Young Gloves"

Youth Boxing Program
Open to ALL Valley Residents!
Ages 6-13



Cost \$50 per student. All Equipment Provided*

Students are required to wear shirts, shorts and sneakers * equipment includes new mouth guard, head gear, gloves

Last

Age:	Shirt Size:
Parent/Guardian Name	
Address	City/Town
Emergency contact number:	Cell Phone
e-mail address:	
Payment Method:	
Boxing and/or in use of the fitness equipallowed to participate and/or receive instructors, agents, host, sponsors liable participating and/or receiving for any injurand/or receiving instruction in Boxing and Knowing this, I hereby voluntarily releasentities from any and all liability resulting of instruction in Boxing and in use of the I understand and agree that this Waiverweven if caused by the acts or omissions Release. I am assuming full responsibility while participating in this program I understand and agree that this Waiverwer or Guardian's name:	Release applies to personal injury which my child may suffer, of others. I understand and agree that by signing this Waiver/ty for any and all risk of personal injury suffered by my child Release will be binding on me, my spouse
Signature	Date: