



## JOEY'S BOXING (5-10YRS) REGISTRATION FORM 2025

Students Name:		DOB:
Parent/Guardian/Emergency contact details		
Name:	Address:	
Phone:	Email:	
Signature:		
Is there any medical details/information we need to know about? (Allergies, injuries, medical conditions)		

Please circle which level/class you will be attending:

<b>MONDAY</b>
<b>Joeys Boxing (5-10yrs)</b> 3.45pm – 4.15pm

**COST: \$105 per term**

Active Kids vouchers accepted.

DATE:	PAID : CASH /CARD /VOUCHER	STAFF:
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**Are you happy for us to take photos of your child to use on social media?**

☐ YES  
☐ NO