



LIFE CHANGING



JUNIOR BOXING REGISTRATION FORM 2024

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:

WEDNESDAY
3.45pm – 4.30pm

COST: \$105 per term. Payment must be made at the beginning of the term.

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