

JUNIOR BOXING REGISTRATION FORM 2023

Term 4

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	
		3.30pm – 4.15pm	
2 x free come & try sessions on Wednesday 8 th & 15 th November. \$10 per session each week after that.			
DATE:	PAID :	CASH /CARD /VOUCHER	STAFF:
Are you happy for us to take photos of your child to use on social media?			
<u> </u>			
□ NO			