



Kickboxing Kids REGISTRATION FORM 2023 Term 1

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|---|----------|------|
| Name: | DOB: | AGE: |
| 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) | | |

Kickboxing Kids (7 – 13yrs)

Thursday 4pm – 5pm

\$13 per casual visit
\$100 per term

*Active Kids Vouchers accepted.

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|-------|------------------------------|--------|
| Date: | Paid: DD / Cash / Card / AKV | Staff: |
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