TURNER'S
BOXING ACADEMY

ENGLAND BOXING

CONFIDENTIAL (GDPR)

Please complete the information below. Date Joined……

Full Name: **IN CAPITALS**

Address:

Post Code:

Mobile No:

Email Address:

Date of Birth:

Emergency Contact Name:

Emergency Contact Number:

Please circle for photos to be taken : YES / NO

Please circle if you want to be on the WhatsApp group: YES / NO

Participants Medical Information:
(Including what medication you are taking and any injuries you may have had/do currently have)

Any previous combat sports experience:-

Parents/Guardians Print and Sign
(If participant is under 16 years old)

Participant Print and Sign
(If over 16 years old)

For more info visit www.turnersboxingacademy.co.uk or call 07773 026631