

HEART OF CHAMPIONS BOXING REGISTRATION FORM

(Please Print)						
Today's date:				BOX FOR OFFICE USE ONLY: STUDENT NUMBER:		
STUDENT INFORMATION						
Student's last name:		First:		Middle:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.
						<input type="checkbox"/> Miss <input type="checkbox"/> Ms.
Is this your/child's legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, what is student's legal name?		Birth date:	Age:	Social Security number:
				Email Address:		
Street address:				P.O. box:		City:
State:		ZIP Code:	Home phone number: ()		Cell: ()	Work: ()
Where did you hear about us?	<input type="checkbox"/> Friend	<input type="checkbox"/> Family	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Other Specify:		
Do you know of anyone who might be interested in Boxing?		If so, Name and Address:				
PARENT INFORMATION (REQUIRED IF UNDER 18)						
(Please Print)						
Mother's Last Name:		First Name:		Middle Name:		
Street Address: (if different)		Home phone no.: ()		Work: ()		Cell: ()
Father's Last Name:		First Name:		Middle Name:		
Street Address: (if different)		Home phone no.: ()		Work: ()		Cell:
IN CASE OF EMERGENCY						
Name of local friend or relative (not living at same address):			Relationship to student:	Home phone number: ()	Work phone number: ()	
The above information is true to the best of my knowledge. I understand that I am financially responsible for any balance owed to Heart of Champions Boxing. I also, give permission to Heart of Champions Boxing to instruct and train me /my child in the art of boxing and, I am aware that I am required to sign and fill out all forms before beginning training.						
_____ <i>Student/Parent/Guardian signature</i>				_____ <i>Date</i>		