



Nonantum Boxing Club
STAY BOXING AFTERSCHOOL PROGRAM
REGISTRATION FORM

Please fill out the form below and return it to Nonantum Boxing Club.

Please print legibly

Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ Age: ____ Date of Birth ____/____/____

Emergency Contact Name: _____ Phone (____) _____

Parents Name: _____ Parents Work/Cell Phone: (____) _____

School : _____ Guidance Counselor/Facilitator _____

Home Room Teacher (if applicable): _____

Are there any medical conditions of which we should be alerted? If yes, please explain.
