



Madkatz Boxing / Los Gatos Locos Registration Form

Date

Participant Name

Parent / Guardian Name (for persons under 18)

Membership Option Signing-up for

Participant Information

Home Phone

Cell Phone

Email Address

Address

City

Province

Postal Code

Any previous experience? (optional)

Date of Birth (YYYY-MM-DD)

Gender

Additional Information

Emergency Contact & Relationship

Emergency Contact Phone Number

Full Name of Signing Person

Signature

Please mark "X" on the Membership Option you are signing-up for.

- | | |
|--|--|
| <input type="checkbox"/> Fitness & Development (Morning) | <input type="checkbox"/> Fight Team |
| <input type="checkbox"/> Fitness & Development (Evening) | <input type="checkbox"/> Parkinson's Class |
| <input type="checkbox"/> Kid's & Youth Class | <input type="checkbox"/> Open-Gym Membership |
| <input type="checkbox"/> Women's only Class | <input type="checkbox"/> Open-Gym (Add-on) |