

# BOXING FUTURES REGISTRATION FORM

<b>First Name(s):</b>	<b>Surname:</b>
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<b>Post Code:</b>
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<b>Age:</b>	<b>Male or Female (Please Select):</b>	<b>M</b>	<b>F</b>
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<b>Mobile:</b>
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<b>Email:</b>
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<b>Ethnicity (Please Select)</b>	
<i>White:</i>	<i>Black African:</i>
<i>Black Caribbean:</i>	<i>Black British:</i>
<i>Asian:</i>	<i>British Asian:</i>
<i>Multiple Ethnic Groups:</i>	<i>Prefer not to say:</i>
<i>Other:</i>	

<b>Do you have any long-term illness, health problem(s) or disability that limits your daily activities? (please tick)</b>		
<b>Yes:</b>	<b>No:</b>	<b>Prefer not to say:</b>

<b>If yes, provide all relevant medical information to include past and present injury's &amp; allergies</b>

<b><u>Emergency Contact Details:</u></b>
<b>Name:</b>
<b>Relationship to Participant:</b>
<b>Contact Number:</b>

<b>I Confirm that I have received, read and understood Boxing Futures Privacy Statement:</b>	
<b>Signature:</b>	<b>Date:</b>

<b>I Confirm that I will access Boxing Futures Privacy Statement via <a href="http://www.boxing-futures.org.uk">www.boxing-futures.org.uk</a> where I will consult Boxing Futures on anything that I do not understand within the statement:</b>	
<b>Signature:</b>	<b>Date:</b>

<b>I Confirm the above details to be correct and truthful to the best of my knowledge</b>	
<b>Signature:</b>	<b>Date:</b>