Boxing Referral Form

STING LIKE A BEE

Name:		D.O.B.	
Address:			
Emergency Contact:			
Medical conditions:			
Risk factors:			
Anything else you feel the boxing club need to know:			
Parent/Guardian/Carers Signature: Date:			
Under 16's only - Are you happy for the child to complete a questionnaire on this programme? ☐ yes ☐no			
YOT Worker:		Tel no:	
Referred from:			
Borough:		Boxing Club:	

By signing this form you are confirming that you are consenting to the Boxing Gym stated above and Maverick Stars Trust holding and processing your personal data (please tick the boxes where you grant consent):-

I consent to being contacted by ☐ post ☐ phone or ☐email.

Registered Charity Number: 1179582
Email: charlotte@maverickstars.co.uk
Tel: 07721 407 166