



TRIAL FORM

Please complete and
SEND TO trials@vandaboxing.com

Personal Particulars (Please fill out all details)

Full Name:

Address:

Contact No.:

Date of Birth:

NRIC/Passport No.:

Nationality:

Email:

Previous Martial Arts History:

Present Occupation:

Medical History:

Please advise requested date and time of Trial:

Monday to Saturday | **Date:** _____ **Time:** _____

*Note: Trial is unavailable during all Self-Training/PT Sessions. You may refer to our training schedule on Vanda Boxing Club website for time-slots for our classes.

Please advise if you would prefer Muay Thai or Boxing? Muay Thai Boxing

Where did you hear about us? Pls tick one of the Following:

Facebook Google Others. Pls specify: _____

Declaration:

1. I hereby declare that I am medically fit without any heart/coronary problems or any serious illness that could be aggravated by the activities of this course. I will not hold any claims or rights including the rights to sue Vanda Boxing Club, its employees, or agents for any personal loss, damage or injury as a result of my participation in the course.
2. I hereby apply to attend the training of classes as indicated above and certify that ALL particulars given on this form are true and correct to the best of my knowledge.
3. I will abide by the rules and regulations of the gym, failing which the management has the right to stop the class.

Signature of Applicant/Parent/Guardian:

Date:
