

CIRCOMEDIA

CIRCOMEDIA REGISTRATION FORM (EVENING COURSES)

Course (1)

Tutor

Start Date

If you wish to pay for the following block of classes on this course please tick here

Course (2)

Tutor

Start Date

If you wish to pay for the following block of classes on this course please tick here

Full Name:

Date of Birth:

Name by which you want to be known:

Address:

Day Telephone:

Eve. Telephone:

Mobile:

Email:

Next of Kin:

Contact No. for Next of Kin:

How did you hear about this course?

Please see over ...

Have you ever broken any bones? Please state the bone, how and at what age;

Do you have any injuries, allergies, physical disabilities, illnesses?

Can all students taking AERIAL, TRAPEZE OR ACROBATICS classes please also complete the Fitness Assessment Form. (Available at the start of the first session.)

I confirm that the information given above is correct.

I accept that some of the activities are potentially dangerous and undertake them at my own risk.

I understand that the full fees must be paid in advance of the course commencing and are non-refundable.

I understand that the tutor reserves the right to refuse to teach any participant who is unco-operative or does not observe instruction.

SIGNED

DATE

FOR CIRCOMEDIA USE ONLY:

Payment Received: £

Method of Payment

Staff Signature

Date

Staff Name (printed)

Stamp:

