

REGISTRATION FORM



Date of Birth: Please tick if previous student

Surname: First name:

Address:

Suburb: Town or city:

Phone/cell phone – Home Business

Emergency contact:

(Name) Relationship:

Telephone:

Address:

Previous activity: (Please detail if not listed below)

Please tick boxes applicable:

- Regular workout once a week eg jogging, squash, dance, tennis
 Athlete/dancer/professional in training three times per week
 If over 20, have you had a medical check in the last two years?
 If over 30, have you had a medical check in the last year?
 If over 40, have you had a medical check in the last six years?

Venue: Class days: Tick days applicable [M][T][W][T][F][S]

OFFICIAL USE ONLY

Received payment – cheque/cash
Receipt number:
Cheque number:
Date:
Amount paid:

Next term begins:

3 months course 24 classes
Payment by:
(or by arrangemet)
Please return registration form to:

PLEASE READ AND SIGN REVERSE SIDE

INDEMNITY

I hereby indemnify Leigh Brewer (trading as Leigh Brewer's Areobic Dance) and her servants or agents against legal liability for any claim or costs which may arise out of my participation in the Leigh Brewer Aerobic Dance Programme.

I acknowledge that all Dances, Electronic Recordings and Written Notes are copyright to Leigh Brewer and may not be used by other than Leigh Brewer or her servants or agents and I acknowledge that action will be taken if I breach that copyright.

Name Signature.....

Please note:

No refunds after course has commenced.

All fees as arranged must be paid before your first class.

New entrants and returning Students are advised to ensure that they attend the first week of class.

6 makeups may be made at alternative venues, more than this can be arranged.

Students are advised to carefully note starting date and class times as shown on information leaflet.