



# Adult Trainee Registration Form

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Please ensure you list the course/s that you would like to register for in your accompanying email.**

### Direct Bank Transfer Details

Kinetica Circus Arts  
BSB 066 140  
Acc 1034 7004

Previous musculoskeletal injuries: \_\_\_\_\_

Any allergies? \_\_\_\_\_

Relevant medical conditions? \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

I give permission to be photographed for promotional purposes. This may include, but is not limited to, images being placed on Kinetica's website and facebook page.

Yes

No

### DISCLAIMER

I certify that I am physically fit, and that there are no health related reasons or problems which preclude my participation in circus training.

I understand that circus training inherently involves risk, I undertake circus training at my own risk and I hereby waive all rights and any claims resulting there from that I may now and in the future have against and release from all liability whatsoever Kinetica Circus Arts for any personal injury, death, property damage or loss sustained by me as a result of my participation, due to any reason whatsoever.

I understand this disclaimer and agree with the terms of my own free will.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_