

REGISTRATION FORM



NAME -----

ADDRESS -----

POST CODE ----- MOBILE -----

EMAIL

WHAT BRINGS YOU HERE?

FURTHER INFORMATION (INJURIES, CHRONICAL PHYSICAL LIMITATIONS OR DISABILITIES THAT
NEED TO BE CONSIDERED DURING CLASS)

EMERGENCY CONTACT (NAME & NO.)

TERMS AND CONDITIONS

You are taking part in classes at your own risk. **JO RUSTON (teacher) cannot be held liable for any accidents, injuries or thefts before, during or after the class.**

Fees cannot be transferred to another person and are non-refundable.

BY SIGNING THIS FORM I AGREE TO THE TERMS AND CONDITIONS MENTIONED ABOVE.

DATE -----

SIGNATURE -----