

REGISTRATION FORM

licence#_____

DATE:_____ Name:_____ Surname:_____ D.o.b:_____

Mobile:_____ Business:_____ Email:_____

Occupation:_____ Address:_____

Emergency contact name:_____ mob._____ relationship:_____

WHAT TYPE OF TRAINING ARE YOU INTERESTED IN?

☐ Boxing ☐ Boxing circuit ☐ Kickboxing ☐ Muay thai ☐ kids classes

☐ Personal Training ☐ Leg workout ☐ AbClass ☐ Back care ☐ weight loss

☐ Pre/Post Natal ☐ Body sculpturing ☐ competition ☐ Zumba OTHE_____

OPTION CHOSEN:_____ How many time will you be training weekly?_____

DO YOU HAVE ANY INJURIES OR MEDICAL CONDITIONS?Nonelf, YESplease verify_____

RESULTS WOULD YOU LIKE TO ACHIEVE FROM YOUR TRAINING?_____

_____ **HOW SOON DO YOU WANT TO ACHIEVE THIS?**_____

IS THERE 5 PEOPLE THAT YOU WOULD LIKE TO EXTEND A FREE PASS TO?

1.Name&No._____

2._____ 3._____ 4._____

5._____

I acknowledge that participation in any martial art or training program is potentially dangerous activity. I acknowledge that at all times whilst on the premises, both myself and my personal belongings shall be at my own risk and I (nor relative) will not hold DRAGON HEALTH AND FITNESS or it's instructors liable for any personal injury, ailment, loss of property or life, whether caused by negligence of the Centre, its agents, members or by use of training equipment or facilities. I acknowledge that all financial arrangements must be finalized prior to training. I warrant that I am physically and medically sound to proceed with a normal course of exercise. Membership not transferrable. 12months minimum. No refunds.

SIGNATURE OF APPLICANT OR GUARDIAN_____

www.dragonhealthandfitness.com.au