**REGISTRATION FORM Drivers liscence#\_\_\_\_\_\_\_\_\_\_\_\_\_**

DATE:\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.o.b:\_\_\_\_\_\_\_\_\_\_

Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_mob.\_\_\_\_\_\_\_\_\_\_\_\_\_\_ relationship:\_\_\_\_\_\_\_\_

WHAT TYPE OF TRAINING ARE YOU INTERESTED IN? Rate your Favourite 1-15

\_\_Boxing \_\_Boxing circuit \_\_Kickboxing \_\_Muay thai \_\_kids classes

\_\_ Personal Training \_\_Leg workout \_\_AbClass \_\_Back care \_\_weight loss

\_\_Pre/Post Natal \_\_Body sculturing \_\_competition \_\_Mma \_\_Bjj OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

DO YOU HAVE ANY INJURIES OR MEDICAL CONDITIONS? ***None*** If, ***YES*** please verify\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***WHAT 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&Mob**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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