

CLASS REGISTRATION AERIAL FABRIC ACROBATICS, LLC

NAME _____

ADDRESS _____

EMAIL ADDRESS _____

PHONE _____

LIST ANY PRE-EXISTING HEALTH CONDITION THAT INSTRUCTOR SHOULD BE AWARE OF LIKE DIABETES, MS, HYPER MOBILE JOINTS, PREVIOUS INJURIES, AND ANY MEDICATIONS YOU ARE TAKING THAT COULD AFFECT YOUR PARTICIPATION

EMERGENCY CONTACT _____

EMERGENCY PHONE _____

RELATIONSHIP _____

EXPERIENCE WITH GYMNASTICS, DIVING, TRAMPOLINE, and DANCE?

YES ____ **NO** ____ **OTHER SPORTS?** _____

FEAR OF HEIGHTS **YES** ____ **NO** ____

AGE _____