

Coffs Coast PoleFit Registration Form

Participants Name: _____

Contact Phone Number: _____

EMAIL ADDRESS: _____

Emergency Contact Person: _____

Phone Number: _____

- I am enrolling in a 5 week Coffs Coast PoleFit, Course or one off Trial Class,
- Course/Class Starts on Day Date Timeslot.....
- I have listed over page, any medical or physical conditions I have that may be aggravated by participation in this Coffs Coast PoleFit Course/Class.
- I am paying the following rate, for my 5 week Coffs Coast PoleFit Course/Class: \$ By (please circle) paypal/cash/bank transfer /Direct Debit (paypal is a booking through www.coffscostpolefit.com.au) (please attach direct debit form if doing direct debit) (please use your first initial and surname as reference in bank transfer)
- I am aware that until I have paid for (or set up a direct debit payment system through CoffsCoastPoleFit direct debit agency) for my course/class, completed and submitted my registration form, I am not secure into the session Ive chosen.
- Any classes missed cannot be credited to another course unless approved by Coffs Coast PoleFit. **All catchup classes must be done within the enrolled course**
- Account Name: Beyond Intensity (for bank transfers)**
BSB: 082 356 Acc: 805033627

To the extent permitted by law the Instructor/s of Coffs Coast PoleFit shall not be liable or responsible to the participant for any direct, indirect or consequential injury whatsoever and howsoever arising from participation in these Coffs Coast PoleFit Courses or Classes.

I have read and agree with all that is written above.

Participants Signature: _____

Date: _____