

Cirque School LA

Student Registration and Health History Form

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ DOB: _____

Emergency Contact Name: _____

Emergency Phone: _____

Occupation: _____

How did you hear about us? _____

If you were referred, please let us know by whom, so we may thank them. If online, where?

If you have any kind of pre-existing condition, which may affect your ability to participate in Cirque School LA, we ask that you let us know and that you consult a health care practitioner before your participation.

Possible Ailments:

Back Pain	Diabetes
Scoliosis	High Blood Pressure
Asthma	Chronic Illness
Neck Strain	Sciatica
Knee Injury	Shoulder Injury

List and date any Physical Injuries, Surgeries or anything else we should know:

Please list any medications you are taking:

Terms of Agreement

I understand and agree...

That it is my responsibility to inform my instructor of any conditions or changes in my health now and on-going which might affect my ability to exercise safely and with minimal risk of injury.

That should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort that I am to stop the activity and inform my instructor immediately.

That I am not obliged to perform or participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my session.

That if I am pregnant, or become pregnant, I will discontinue the training until I receive written consent from my Doctor.

That I understand that the equipment used in Cirque School LA can be dangerous if used improperly and I will follow the strict instructions of the instructor with respect to all use of the equipment.

Signature of Participant: _____

Date: _____

PARENT’S OR GUARDIAN’S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of _____
(print minor’s Name) (“Minor”)

being permitted by CSLA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless CSLA from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____
Print

Signature: _____

Date: _____