



S A M A D H I

STUDENT INFO

LAST NAME:

FIRST NAME:

BIRTHDATE:

PHONE NUMBER:

EMAIL:

ADDRESS:

(IF STUDENT IS UNDER 18)

NAME OF PARENT/GUARDIAN 1:

PHONE NUMBER OF PARENT/GUARDIAN 1:

EMAIL OF PARENT/GUARDIAN 1:

NAME OF PARENT/GUARDIAN 2:

PHONE NUMBER OF PARENT/GUARDIAN 2:

EMAIL OF PARENT/GUARDIAN 2:

PERSON TO CONTACT IN CASE OF EMERGENCY:

EMERGENCY CONTACT PHONE NUMBER:

INJURIES:

MEDICAL PROBLEMS:

CLASS(ES) REGISTERING FOR:

PREVIOUS AERIAL EXPERIENCE:

MOVEMENT BACKGROUND:

HOW DID YOU HEAR ABOUT THIS CLASS?

WHY DO YOU WANT TO TAKE THIS CLASS?