

# *Aerial Silks Registration*

Student's complete name: \_\_\_\_\_

Age: \_\_\_\_\_

Does the student have any chronic physical ailments, medical restrictions, or other special considerations that we should know of? If yes, please be specific: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

City and Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_