



Name of participant _____

Name of parent (if under 18) _____

Address _____

Suburb _____ P/code _____

Phone (h) _____ (m) _____

Email _____

DOB _____ Male / Female (Please circle)

Where did you hear about Aerialize? _____

Is this your first aerial/circus class? _____

Class enrolling for- Go to our website for the current timetable

What Class/es are you enrolling in?

* Please call the office before you enrol into an Intermediate or Advanced course for the first time, or within one week of the starting date of the class.

Term enrolling for- (please tick)

Term 1 Term 2 Term 3 Term 4

Costs

\$25 annual membership per family (compulsory) inc GST

+ \$235 per term (9 weeks)/ School Holiday Program (1 week)

Hula Hoops costs \$160 Contortion costs \$210

Tuesday Circus & Aerial skills is an eight week term costing \$210

Conditioning \$120 Flying Trapeze \$405

10% discount for siblings under 18

Payment must be finalised before your first class.

Method of Payment- (Please fill out all required details)

I have enclosed a cheque for \$_____ payable to Aerialize

I have paid \$_____ cash

I have paid \$_____ through PayPal on this DATE _____

I have made a direct deposit for \$_____ on this DATE _____

BSB: 032 036 ACC# 162 577 ACC NAME: Aerialize BANK: Westpac

Terms & Conditions

If you are paying one week or less prior to the start of a new term, it is essential that you call the office to confirm that there is space available in the class. If you pay before confirming a place, and there are no spaces available, then your payment will be transferred to the following term.

To see full terms and conditions, please visit our website at www.aerialize.com.au

No refunds will be issued once the classes have started.

Please sign and then scan/email or post this form to- aerialize@optusnet.com.au or

The Training Coordinator

Aerialize- Sydney Aerial Theatre

16a/142 Addison Rd, Marrickville, 2204

Ph: 9560 1233 www.aerialize.com.au

Membership/Indemnity Form 2010

Is there any health reasons why you/the participant should not take part in any circus related activity? NO YES (please circle)

If you ticked "yes" please provide details _____

Do you give permission for an ambulance to be called in the event of an emergency? NO YES (please circle)

Consent to photograph

I - **give / do not give** (please circle) my consent for photographs and/or stories of me/the participant to be included in Aerialize publicity.

In consideration of me/my child being accepted as a member of **Aerialize- Sydney Aerial Theatre**, I hereby agree and declare that should I/the participant be permitted to take part in any activities, circus related events organised or conducted by or at the premises of Aerialize - Sydney Aerial Theatre, I/the participant do so entirely and absolutely at my own risk and I agree that I/the participant will not make any claim against Aerialize - Sydney Aerial Theatre or the teachers or any member of Aerialize - Sydney Aerial Theatre for or in respect of any loss or injury to property or person (including injury resulting in death) which I/the participant may suffer during the course of or in consequence of any activity, circus related event. I have read Aerialize - Sydney Aerial Theatre's full Terms and Conditions, as listed on the Aerialize website.

Signature _____ Date ____/____/____