



RollerbladingSydney.com.au

Student / Hirer Application

1. STUDENT DETAILS

Male/Female	First Name:	Last name:	Did you visit our website? YES / NOT YET

Address:	Suburb:	State:	Postcode

Mobile Phone:	E-Mail:	Date of Birth:

How did you find out about RollerbladingSydney.com.au? (Please Circle)

Friend
 Recreational Course
 Noticeboard
 Google
 Facebook
 Yahoo
 Poster
 Business Card

Have you already had a lesson with RollerbladingSydney.com.au or RollerskatingSydney.com.au
 Are you considering buying your own rollerblades / inline skates? Y / N or accessories? Y / N If so what?

2. LESSON TYPE

<input type="checkbox"/> Private Lesson?	<u>Venue?</u> _____
<input type="checkbox"/> Group Lesson? No. In Group <input type="checkbox"/>	<u>Instructor?</u> _____ (OFFICE USE ONLY)
<input type="checkbox"/> Hired Skates?	<u>Equipment Purchased</u>
<input type="checkbox"/> Euro Shoe Size Skate Brand _____	<div style="display: flex; align-items: center;"> \$ <input style="width: 150px; height: 20px;" type="text"/> <u>Skates / Pads / Helmets</u> </div>

3. Waiver

I _____ (PRINT NAME) AGREE that rollerblading / in-line skating, is an adventure sport with inherent risks including but not limited to fractures, sprains and strains, AND further that RollerbladingSydney.com.au &/OR the RollerbladingSydney.com.au Instructor shall not be held responsible or liable in any way for any injury caused to myself or to others by my involvement in these lessons and / or hire. I agree to wear full protective equipment during lessons / hire. I agree to advise my instructor if I any medical issues (eg diabetes, asthma, knee issues, low bone density) that may impact my participation. I also agree that in the event that medical aid is required to give permission to ANY assistance deemed necessary.

4. Signature _____ Date _____

5. Witness _____ Date _____

For more information on our services please visit www.rollerbladingsydney.com.au
 Thank you for your business!