



COURSE DAY: \_\_\_\_\_

COURSE NUMBER: \_\_\_\_\_

## MINI-TRAMPOLIN

### CLIENT INFORMATION

**The required information is confidential and helps in organizing the mini-trampoline lessons. It's only for my use.**

|                                   |  |
|-----------------------------------|--|
| NAME AND SURNAME                  |  |
| ADDRESS                           |  |
| TELEPHONE/MOBILE                  |  |
| E-MAIL ADDRESS                    |  |
| PROFESSION                        |  |
| DOB                               |  |
| WEIGHT                            |  |
| HOW OFTEN DO YOU<br>,MOVE'?       |  |
| HOBBIES                           |  |
| PHYSICAL PROBLEMS                 |  |
| OPERATIONS IN THE<br>LAST 3 YEARS |  |
| ARE YOU SEEING A<br>DOCTOR? WHY?  |  |

**If you have health concerns, please clarify with your doctor whether mini trampoline is suitable for you.**

**The participation in the Mini-Trampoline courses and the use of the mini-trampolines are at your own risk. All warranties are disclaimed.**

DATE: \_\_\_\_\_ NAME CAPITAL LETTERS: \_\_\_\_\_

WHERE: \_\_\_\_\_ SIGNED: \_\_\_\_\_