

LEARN TO SKATE

LEARN STOPPING » TURNING » SPEED CONTROL

EQUIPMENT PROVIDED OR BRING YOUR OWN

LESSONS BY ICP CERTIFIED AND EXPERIENCED INSTRUCTORS

JAMES O'CONNOR
INTERNATIONALLY ACCREDITED INSTRUCTOR

ICP
INLINE CERTIFICATION PROGRAM

TEXT 0411 872 022
VISIT ROLLERBLADINGBRISBANE.COM

ROLLERBLADING
BRISBANE

Student / Hirer Application

1. STUDENT DETAILS

Male/Female	First Name:	Last name:	Did you visit our website? YES / NOT YET
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address:	Suburb:	State:	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mobile Phone:	E-Mail:	Date of Birth:
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Friend Instagram Poster Noticeboard Google Facebook Instagram Business Card

Have you already had a lesson with RollerbladingBrisbane.com?

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>	(OFFICE USE ONLY)
<input type="checkbox"/>	Group Lesson? No. In Group <input type="checkbox"/>	<u>Instructor?</u>	(OFFICE USE ONLY)
<input type="checkbox"/>	Hired Skates?	<u>Equipment Brands</u>	
<input type="checkbox"/>	Your Euro Shoe Size Skate Brand _____	<u>Skates / Pads / Helmets</u>	

3. Waiver

I _____ (PRINT FULL 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 RollerbladingBrisbane.com / the RollerbladingBrisbane.com nor Rollerblading.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 prior to the lesson if I have 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 _____

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