

Studio Intake

Alpine Aerial Acrobatics/Alpine Circus Center

Date: _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Age: _____ Occupation: _____

Email: _____

Emergency Contact Name & Phone _____

Past Injuries/ Problem Areas/ Current Injuries

If you are currently injured or you are healing from a recent injury, you must provide Alpine Aerial Acrobatics with a Doctor's Note to participate in our studio programming.

If relevant, has Doctor's Note been received? Yes _____ No _____

What medications are you currently taking, if any?

Goals

Other Forms of Exercise

Studio Policies Agreement Form

I understand that all 6 Punch Cards Expire 4 months from date of purchase. _____(Initial)

I understand that summer camps, all series classes and bulk discount cards are NON-REFUNDABLE.
_____ (Signature)

I understand that class series run for four or six weeks, weekly. There are no make-up or refunds for missed classes. _____ (Signature)

I understand that XBlock, SIGs and Silverton Afterschool hosted by AHS, MMS, & Silverton School run for the quarter, and there are no make-ups for these classes. _____ (Signature)

If I or my child runs 15 minutes late for class, I will be allowed to sit and watch for the rest of class. But participation in class will not be allowed as to avoid injury. _____ (Signature)

I understand that I must not wear loose fitting clothing, must remove all jewelry, and must tie hair back when taking classes at Alpine Aerial Acrobatics. _____ (Initial)

I allow Alpine Aerial Acrobatics to use my image or my child's image for advertising purposes in print or social media. _____ (Signature)

OR,

I DO NOT allow Alpine Aerial Acrobatics to use my image or my child's image for advertising purposes in print or social media. _____ (Signature)