# Membership Enrolment Form

**ZENTRO Academy**
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## Student Information

| | | | | | |
|---|---|---|---|---|---|
| Name | | | | | |
| Date of Birth | | Age | | Sex | |
| Address | | | | | |
| Suburb | | | Post Code | | |
| Phone | | Mobile | | | |
| E-Mail | | | | | |
| Profession | | | | | |

## Emergency / Medical

| | | | |
|---|---|---|---|
| Medical Condition | | | |
| In case of emergency, please notify: | | | |
| Phone | | Mobile | |

## Student Declaration (over 18 years of age)

I declare I am over the age of 18 years and all of the above information is true at the time of signing. If any information should change, I will notify my Instructor.

..... .....

Signed Date

## Student Declaration (under 18 years of age)

The above student is under the age of 18 years. I have given my child permission to train and do so by signing this form. All of the above information is true at the time of signing. If any information should change, I will notify the Instructor.

..... .....

Signed Date

**ACHIEVE YOUR DREAMS**