



How to Apply for Bungee Fly Fit Teacher Training -

Personal Details & Medical History;

Name: _____

Address: _____ Post Code _____

Home: _____ Mob: _____

Email: _____

Please fill in your brief medical history. Circle or mark each one

Do you suffer from any of the following (please circle)

Asthma or breathing difficulties Yes / No

Allergies Yes / No. If yes, what allergies _____

Diabetes Yes/ No

Weak knees or lower back challenges Yes / No . If yes, please explain _____

Epilepsy Seizures or Blackouts Yes/No

Eye sight issues like Glaucoma Yes / No

Fainting Yes / No

Headaches Yes / No

Nose Bleeds Yes / No

Back Problems Yes / No

Pregnancy Yes/ No

Any Surgeries' or hip, back, challenges? Yes/No



Muscle/Joint conditions (fibromyalgia, arthritis) or any inflammation in your body? Yes / No

If you answered "Yes" to any of the above, please detail information and treatments preferred.

List any Medication:

Please detail any further health related information that you believe is relevant for your trainer's information (e.g.: pregnancy, existing injury, surgical procedures, surgeries etc):

Please list the name, relationship and contact details of your next of kin in the

Event of an emergency:

Name _____

Phone number _____

Relationship to you _____

In case of emergency, Trainer / First Aid officer may arrange transport of attendees to hospital by ambulance. Seek medical attention for students or find the most convenient medical facility



Advice the emergency contact detailed above.

Neither Bungee Fly Fit nor its representatives, accepts responsibility for costs incurred on the behalf of an attendee requiring medical treatment & associated services.

Terms and Conditions

I agree that the information I have given on this document is true and correct and that I have answered all questions to the best of my ability. I take full responsibility for my actions at any time and during the training, classes, practice and use of equipment in any way whilst on the premises. I therefore understand and agree to waive my right to pursue any claim as a result of my participation in the training sessions to which the application relates.

Signed: _____

Print Name: _____

Date: _____

We thank you for your information -Bungee Fly Fit team www.bungeeflyfit.com.au