

Rebound Therapy Training Course Registration form

Course Date.....

Full name (as you would like it to appear on your certificate)

Please write clearly, use capital letters if necessary.

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Occupation.....

Address.....

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School or organisation represented.....

Telephone.....

Emergency Contact.....

Email address.....

(Please write clearly, use capitals if necessary)

Please note: Rebound Therapy, like any physical activity, carries with it an inherent risk of injury if relevant precautions are not taken. I understand that having full knowledge of exercises and being able to teach them safely is more important than my own personal performance. I understand that I should not perform any exercises that I am not happy with or which I feel may cause or aggravate an existing or previous injury. I accept full responsibility for my personal health and safety and will not hold my employer, the training course tutor or the organisers responsible for any injury I may incur.

Your data will only be retained by Rebound Therapy International Ltd for five years for the purposes of evaluating eligibility for subsequent courses, providing evidence of training (this is useful if you misplace your certificate) and demographic profiling. After 5 years your data will be deleted. We do not share data with any third party. At any time you may ask to check your data held, to ensure it is up to date. You may request that any data not required for the effective running of the organisation be removed if you so wish.

You will receive an email after this course with a link to the course video showing all key practical aspects of your training. This is essential for recapping and clarification purposes.

We will also periodically keep you informed of updates, research, courses, relevant news, job opportunities, etc. (You can opt out of this at any time.)

Please tick the box to accept these important communications

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Signed..... Date

Any medical conditions of which we should be aware (includes pregnancy)

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