

Registration Form - Latinix™ Instructor Training



Full Name & Surname: _____

Nick Name – Name Known by: _____

ID Number: _____

Cell Phone: _____

Email: _____

Current Town of Residence: _____

Course Attending: Face to Face Group Course Correspondence T-Shirt Size: _____

Do you have experience in any of the following? If yes, please give more detail.

Latin & Ballroom: _____

Line Dance: _____

Any other Dance Genre not mentioned above: _____

Aerobics: _____

Callanetics: _____

Latinix™: _____

(Please specify if you are a current Certified Latinix™ Instructor, looking to re-do the course as a refresher)

Pilates: _____

Tae bo®: _____

Zumba®: _____

Any other form of Fitness not mentioned above: _____

Do you have any teaching / instructing experience?

Anything you would like to add? Tell us a little bit more about yourself:

Any injuries we need to know about? _____

Where / How / from Whom did you hear about this course: _____

(Please specify the name of the person, in case of 'word of mouth')

I, the undersigned, hereby confirm that the above information is correct and true. I have read and understand the terms and conditions set forth by Latinix(Pty)Ltd, and agree to abide by all rules and regulations as long as I'm a certified Latinix™ Instructor. I agree to follow the guidelines and steps set forth by Latinix(Pty)Ltd, in regards to attending a Latinix™ Instructor Training Program.

On behalf of the participant

Date