

Student Registration Form

We are delighted that you wish to join one of our courses. **Please read the following very carefully before proceeding:**

This registration form is legally binding between AHA Courses Ltd and the person responsible for paying the fees and must be filled out by the feepayer and, where possible, the student wishing to attend the course should counter sign the form as well. If, however, the feepayer is under the age of 18 then a parent/ guardian **must** also sign.

Once you have completed this, you will be sent the means of payment for the deposit. In order for your place to be totally secure, we must receive payment of the deposit **within 7 working days of the date of submission.**

*Please complete all questions marked with an **

Student Details

First Name (as appears on passport)*

Preferred Name

Last Name (as appears on passport)*

Date of Birth (Please enter as DD/MM/YY)*

Which course would you like to join*

Course date*

Valid Passport: Yes / No

Passport Number*

Passport Issue Date*

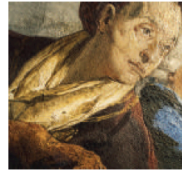
Passport Expiry Date*

Place of Issue*

Nationality*

Need Visa?* Yes / No

Your Postcode / Zip code*



Address (Line 1)*

Address (Line 2)

Address (Line 3)

Town*

County/State/Region*

Country*

Home Telephone Number*

Mobile Telephone Number*

E-mail*

Other Email

Gender*

Where are / were you at school / university

Where/how did you hear of AHA?

Please give details

Parent Details

Parent Title*

Parents First Name*

Parents Last Name*

Parents Preferred Name

Parents address is the same as the students address Yes / No. If no, complete below

Parents Postcode / Zip code*



Parents Address (Line 1)*

Parents Address (Line 2)

Parents Address (Line 3)

Parents Town*

Parents County/State/Region*

Parents Country*

Home Telephone Number*

Mobile Telephone Number*

E-mail*

Other Email

Fees

Who is paying the fees* Student Parent/Guardian Other

Fee Payer Home Phone*

Fee Payer Mobile Phone*

Fee Payer E-mail*

Fee Payer other E-mail

Statements (see notes below)

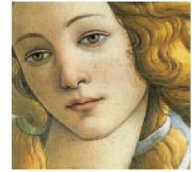
Medical Condition*

Dietary Requirements*

Medication*

Mental Health Problems*

Medical Treatment*



Hoody/T-Shirt Size*

Swimming Allowed*

Previous Attendee

Previous Attendee details

Know anyone attending the course

Feepayer Name*

Today's Date*

MEDICAL: I agree to receive medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I will inform AHA as soon as possible of any changes to the circumstances above between now and the start of the course and will inform AHA immediately if I contract any contagious diseases four weeks before the start date of the course.

SWIMMING – ONLY PARENT / GUARDIANS OF STUDENTS UNDER 18 YRS MUST CHECK THIS BOX;
 Our tutors are not trained lifeguards. Do you agree to your son or daughter going swimming should he/she wish to?

TRAVEL INSURANCE: I understand that by signing this form I undertake to organise comprehensive travel insurance for the duration of the course and I will ensure the policy covers all repatriation and medical expenses.

PASSPORTS & VISAS: I understand that by signing this form I undertake to ensure I have a valid passport for travel over the dates shown above and will organise any necessary Visas for travel to Italy.

YOUR DETAILS: I understand that AHA Courses will securely hold my details on their database will not pass them onto any third parties and will use them exclusively in connection with all AHA courses and events.

THE DEPOSIT: I will send a deposit of £600 within 7 days of submission of this form. (On receipt of this form we will email you details of how to make a deposit payment. Payments to be made by bank transfer; please note that we cannot accept credit card payments. Your place will only be secured on receipt of the deposit payment).

Have read the [Terms and Conditions](#) taking special notice of the cancellation procedure.