

## ENROLMENT FORMS

# FOR GROUP FITNESS /PROGRAMS - ADULTS

PARTICIPANTS DETAILS (please print clearly)

Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Tel (H): \_\_\_\_\_ Tel (M): \_\_\_\_\_

Email: \_\_\_\_\_

In Case of Emergencies contact : Name : \_\_\_\_\_ Tel: \_\_\_\_\_

*Please list any medical or other conditions:*

<b>Medical Conditions</b>	
<b><i>Allergies/Asthma</i></b>	
<b><i>Behavioural</i></b>	
<b><i>Disability</i></b>	
<b><i>Other</i></b>	

I acknowledge and agree that during all such times as my child is on the premises of the Roche Park Recreation Centre, that both my property and my children shall be at my own risk in every respect and hereby disclaim and release the Shire of Collie and every occupier thereof, all employees, volunteers and invitees to the full extent permitted by the law whether in contract or tort, and whether arising out of negligence by any person or otherwise, and form liability of any kind which may arise respect to any incidents or damage to property or injury to any person on the centre premises.  
any incidents or damage to property or injury to any person on the centre premises.

I warrant that I am in good state of health and fitness and that there is no reason that I should not participate in the program.

### **PHOTOGRAPHIC IMAGES**

I give consent for me to be photographed or videoed by Roche Park employees for promotional and training purposes.

Yes    No

### **EMERGENCY ACTION**

- a. If I am involved in an emergency situation, I accept the care provider's discretion to act in my best interest and to notify my emergency contact or next of kin as soon as possible.
- b. I am responsible for all medical and transport costs.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_