

The Hut Community Centre
 Aldgate Railway Station
 1 Euston Rd ALDGATE SA 5154
 Ph 8339 4400



WALKING GROUPS REGISTRATION FORM

Year of registration.....

Name:..... D.O.B:.....

Address:..... Gender: M F

Phone:..... Mobile:.....

Emergency contact: Name:..... Relationship:.....

Mobile:..... Home Phone:.....

Do you identify as Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you from a CALD background?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require any additional support that will assist you in participating in this activity eg interpreter	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you a member of an Ambulance Fund?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like to be a Hut Walk Leader?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a current First Aid Certificate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes – when does it expire?		

Please indicate which day or days you wish to join

Monday (same walk as Wednesday) Tuesday
 Wednesday (same walk as Monday) Friday

Registration Fees [payable with submission of this form]:

- Annual **Single** Member \$10.00
- Annual **Family** \$15.00
- **Casual** (up to four weeks) \$5.00

[Please tick (☑) appropriate registration type]** RECEIPT NO. (OFFICE USE ONLY)

MEDICAL REQUIREMENTS: If you have a history of HIGH BLOOD PRESSURE or any HEART CONDITION, BACK PROBLEM, ARTHRITIS or other medical condition that might be aggravated by walking you are advised to obtain a MEDICAL CLEARANCE from your GP before walking with The Hut.

I understand that all safety precautions will be observed and that I am to adhere to the safety directions of the Walk Leader. I acknowledge that I undertake walks at my own risk and that The Hut accepts no responsibility for loss or injury to any person taking part in The Hut's Walking Program. In the event of an emergency, I authorise the Walk leader to seek medical advice and call an ambulance if required, at my own expense.

SIGNATURE **DATE**