



## Strength and Balance Registration - Stirling

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Gender M/F \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Do you identify as Aboriginal or Torres Strait Islander?  Yes  No

What is your country of birth? \_\_\_\_\_

Do you speak a language other than English?  Yes  No

Do you require any additional support that will assist you in participating in this activity e.g. interpreter  Yes  No

I have the following conditions that need to be considered: *Please Tick*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Back problems | <input type="checkbox"/> Sight impairment  |
| <input type="checkbox"/> High Blood pressure | <input type="checkbox"/> Arthritis     | <input type="checkbox"/> Joint Replacement |
| <input type="checkbox"/> Stroke              | <input type="checkbox"/> Epilepsy      | <input type="checkbox"/> Other             |

Are you taking any medication for any of these conditions?

\_\_\_\_\_

My current level of activity is: *Please tick.*

- No regular exercise  Small amount of exercise  Regular Exercise

Please comment on the type of regular exercise you are doing:

\_\_\_\_\_  
\_\_\_\_\_

I understand that all safety precautions will be observed but agree to accept full responsibility for any loss or damage to personal property or any injury which may be sustained while taking part in the class.

I'm aware that in the event of a medical emergency an ambulance may be called for me at my expense.

**Signed** \_\_\_\_\_

Date \_\_\_\_\_

**Medical Form (to be completed by Medical Practitioner)**

Name..... has expressed an interest in attending a low impact exercise class to be coordinated by The Hut Community Centre. The classes are conducted by a trained instructor, and are structured according to the participants' needs (as far as practicable). Classes are for one hour, once per week. They are designed to improve joint mobility, muscle tone and strength and cardiovascular fitness.

Would you please confirm that there are no significant medical reasons that may exclude his/her participation in the above course. If in your opinion there are any special limitations would you, with the permission of the applicant, please comment below.

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Signature.....

Date.....

Name – please print.....

Phone.....

Name of clinic.....

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