



# FITNESS CLASSES

## Enrolment form & pre-activity readiness questionnaire (PARQ)

Name: \_\_\_\_\_

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

Contact Phone Number: \_\_\_\_\_

Postcode: \_\_\_\_\_

### EMERGENCY CONTACT:

You are required to provide us with emergency contact information. Please ensure that this person is aware that their contact details have been given and that you have their consent to provide this information.

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

### ENROLMENT AND PAYMENT OF CLASS FEES:

You must fill in this Enrolment Form and pay before commencing the class.

### AGCS ANNUAL MEMBERSHIP FEE:

If you are not already a member of our Community Centre, you will need to pay the annual family membership fee of \$15.00 which will be invoiced before 30 June which will enable you and your family to access other activities run by AGCS. Membership runs from 1 January to 31 December each year.

### COVID-19

You agree to comply with all covid-19 requirements of AGCS (if any) and confirm you will not attend the activity if unwell and will notify AGCS or the activity provider immediately if yourself or a family member has been diagnosed with COVID-19.

### CANCELLED CLASSES:

In the event that a class is cancelled due to unforeseen circumstances, AGCS will email all participants where possible to advise of the cancellation.

### EMERGENCY MEDICAL TREATMENT:

You agree to AGCS seeking, or where appropriate, administering, such emergency medical treatment as is deemed necessary and you will reimburse any reasonable expenses incurred by AGCS.

### PHOTOGRAPH AND VIDEO AUTHORITY:

Do you give permission to AGCS to use your photograph and/or video for the promotion of activities at the Centre in either printed or social media.

YES  NO

### PRIVACY STATEMENT:

When you enrol with AGCS, we ask for details about yourself which will be used as our point of contact. This information is used for funding, planning and administration purposes only. If you have concerns about providing the information requested, would like access to the information we hold about you or update or amend, please speak to a member of our office staff. All information is held and handled in accordance with relevant legislation.

### DECLARATION:

I have read and understand the fees, refunds and privacy information.  YES

**COMPLETE THE PARQ OVER THE PAGE**

## Pre-activity readiness questionnaire (PARQ)

Read the following questions carefully and answer as accurately as you can.

(please circle appropriate answer)

1.	Has your doctor ever said you have heart disease, high blood pressure or any cardiovascular problem?	Yes	No
2.	Is there a history of heart disease in your family?	Yes	No
3.	Do you ever have pains in your heart and/or chest, especially during exercise?	Yes	No
4.	Do you often get headaches, feel faint or dizzy?	Yes	No
5.	Do you suffer from pain, limited movement or recuperating from a recent illness or operation?	Yes	No
6.	Are you taking drugs or medication at the moment or recuperating from a recent illness or operation?	Yes	No
7.	Are you or have you recently been pregnant?	Yes	No
8.	Are you unused to exercise and aged over 35?	Yes	No
9.	Do you have any other medical condition which you think may affect your ability to participate in exercise?	Yes	No
10.	Do you have any allergies/sensitivities that we should be aware of? If yes, please provide details/action plan:	Yes	No

If you answered YES to one or more of the above, we suggest you consult your doctor prior to starting a graduated exercise program.

If you have answered NO to all questions, you have a reasonable assurance of your suitability for a graduated exercise program. There is always a very small risk that taking any form of exercise may reveal an unknown health defect or weakness which can lead to injury, illness or even fatality.

Any person who:

- has any reason to believe that they may suffer from such a weakness or defect; or
- has habitually taken no form of exercise; or
- has any known medical complaint which may be adversely affected by exercise:

should seek medical advice before participating in the fitness assessment and subsequent recommended exercise programs.

### DECLARATION:

I have read and acknowledge the information in this PARQ is accurate as of today's date.  YES

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

Dated: \_\_\_\_\_