

AQUA FITNESS CLASSES – BLOCK 3

2015 ENROLMENT FORM

Block 3 Class Dates

2nd February – 13th March 2015 (6 weeks)

Session Times each Week

Monday, Wednesday & Friday mornings 9am

Tuesday & Thursday nights 6pm

** Wednesday low impact classes at 2pm will be offered if there are enough enrolments**

Cost of Classes – discount applies for Season Ticket holders (amount in brackets)

You choose how many classes you attend (please indicate below)

One (1) session per week \$60 (\$55)

Two (2) sessions per week \$120 (\$115)

Three (3) or more sessions per week \$150 (\$145)

A casual rate of \$14 per session is available however bookings per block of sessions are preferred.

PARTICIPANT INFORMATION – BLOCK 3

If you have previously enrolled in Block 1 or 2 please write name & tick box as we have your contact details

Name: ☐ Previously enrolled in Block 1 or 2

Postal Address:

Ph/Mobile No:

Email:

Session Attending: (please circle) Amount Due \$..... for Sessions Per Week

Mon Tues Wed—9am Wed – 2pm (low impact) Thurs Fri

ADULT PRE-EXERCISE SCREEN TOOL

This tool aims to identify individuals with a known disease, or signs or symptoms of disease, who may be at a higher risk of an adverse occurrence even during physical activity/exercise. This stage is self-administered & self evaluated

Information filled out on this form is in no way intended to replace professional medical advice. No liability or responsibility will be held by Tatiara District Council for any loss, damage or injury that may occur from any staff member acting on any information contained in this sheet.

- | | | |
|----|--|-------|
| 1. | Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke? | Y / N |
| 2. | Do you ever experience unexplained pains in your chest at rest or during physical activity or exercise? | Y / N |
| 3. | Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance? | Y / N |
| 4. | Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months? | Y / N |
| 5. | If you have diabetes (type 1 or type 11) have you had trouble controlling your blood glucose in the last 3 months? | Y / N |
| 6. | Do you have diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise? | Y / N |
| 7. | Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise? | Y / N |

If you answered YES to any of the above questions please seek guidance from your GP or appropriate health professional before undertaking physical activity/exercise

I believe that all the information contained above is true and correct to the best of my knowledge.

Signature

Date