

GET FIT WITH PHYSIOS

Snow Sports Fitness Program (2010)

Application Form & Health History

Please complete one application form and health history per person

Name:
Address:
 Post Code:
Telephone:	(B) (H) (M)
Email Address:
Date of Birth: Occupation:
How did you find out about our classes?

Venue: (please circle) Surrey Hills

PAYMENT (GST Inclusive)

Payment is for the entire course of classes. You may pay by cheque, credit card or direct deposit.

Please circle venue.

COST per person: \$18 per class

1) I have enclosed a cheque payable to City North Physiotherapy Clinic for \$.....

OR

2) I would like to pay by: Visa MasterCard

Card numberExpiry Date.....

Signature:.....

OR

3) Direct Deposit (EFT): BSB **013 377** Account Number: **110 385 562** Account Name: **Susan R Gertzel**

Please reference EFT with *venue* and *your name*.

Please complete the health history and send form with payment (as relevant) to:

CITY NORTH PHYSIOTHERAPY CLINIC - 59 Errol Street North Melbourne 3051

Fax No. (03) 9328 3732

Phone (03) 9328 3733

HEALTH HISTORY (2010)

Do you have any medical or physical condition, which affects your ability to participate in moderate to vigorous intensity exercise? In particular, do you have heart disease, high blood pressure, diabetes, asthma or epilepsy? Yes / No

If Yes, please give details and see your doctor for clearance to exercise.

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Current Medication:

.....

Do you have any muscle or joint problems that affect your ability to participate in moderate to vigorous intensity exercise? Yes / No

If Yes, please give details.

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What exercise are you currently doing?

Name of contact person in case of emergency:

Telephone No.....

Please read the following exercise advice carefully

Ask any supervising physiotherapist to guide you into the most suitable level of activity. Work at a low level on your first visit and concentrate on learning to do the exercises properly. On each visit you will be able to work a little harder. Be sure to limit yourself to a pace where you can still talk comfortably.

Should you suffer injury, illness or new medical conditions in the future please advise the venue leader.

It is recommended that participants over 40, people who have any medical conditions affecting their ability to exercise or those people who have not been exercising regularly have a medical assessment prior to commencing classes.

Waiver

I understand that this class is designed for the purpose of improving my general fitness for snow sports and that treatment is not a component of the class. I realise also that I participate in the class at my own risk as regards to any loss or injuries which may occur to me, and that therefore the *Get Fit with Physios* staff are exempt from liability for any claim which may arise as a result. In particular, I acknowledge my awareness that the activities in this class are arranged to meet hypothetical standards, which may not necessarily suit my own personal medical history, or standard of physical fitness, regardless of the information supplied on this form.

NameSignature:.....Date.....