



Healthy Ageing Program (AIM/WAVES) Registration Form

CLIENT DETAILS	
First Name: _____	Surname: _____
Address: _____	Postcode: _____
Home phone: _____	Mobile: _____
Email address: _____	
Date of birth: _____	Gender: Male/Female

Emergency Contact: _____	Phone (H): _____ (M): _____
Email address: _____	Relationship: _____

Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	
GP's Name: _____	Phone: _____
GP's address: _____	Postcode: _____

Please read the 7 questions below carefully and answer each one by ticking YES or NO.	Yes	No
Has your doctor ever said that you have a heart condition or high blood pressure? (Circle which one?)		
Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?		
Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).		
Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? PLEASE LIST CONDITION(S) HERE:		
Are you currently taking prescribed medications for a chronic medical condition? PLEASE LIST CONDITION(S) AND MEDICATIONS HERE:		
Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active. PLEASE LIST CONDITION(S) HERE		
Has your doctor ever said that you should only do medically supervised physical activity?		

If you answered NO to all of the questions above, you are cleared for physical activity.

If you answered YES to one or more of the questions above, please ask your doctor to complete our *Medical Clearance Form* and email, post or fax the completed medical clearance to the Healthy Ageing Program.

PAR-Q

CLASSES

Please nominate which class (es) you would like to attend?

Gym/group exercises (AIM) \$65 per term

Water exercises (WAVES) \$65 per term

A Coordinator will contact you to advise you of a suitable class and what you will need to bring with you.

PAYMENT

- Before term commencement you will be sent an invoice from HealthShare, who manage finance for South Eastern Sydney Local Health District.
- Your invoice will come via email if you have provided us with an email address or by regular mail. Please follow the instructions at the bottom of your invoice on how to make your payment.
- If you have any questions for finance please have your invoice number and/or customer number with you when you telephone them on ☎ 1300 883 965. Select option 3 (accounts receivable). On this phone number, you may also request a receipt for your bill.

TERMS AND CONDITIONS

Please read the following terms and conditions and confirm your agreement verbally (if registering by phone) or by signing at the bottom of the page.

- I agree to:
- pay my invoice prior to commencement of term
 - advise Instructor/office of intention to re-enrol in Week 5 of current term to secure my place in the class (es) **OR** advise Instructor/office of intention not to return by Week 5
 - provide an updated medical clearance if I have experienced a change in my health that now impacts on my ability to exercise
 - behave appropriately by being punctual and by being courteous to other participants and instructors

- I understand that:
- payment will not be refunded or credited for another term
 - my place in the class cannot be held unless payment has been received
 - there are no replacement classes
 - classes cannot be changed once the term has started

Client signature: _____ Date: / /

Client verbally consented to terms and conditions: Date / /