



PERSONAL INFORMATION

[APPLICANT'S FULL NAME] [EMAIL] [MOBILE NUMBER]

EMERGENCY CONTACT

[EMERGENCY CONTACT'S NAME] of [ADDRESS]

[ADDRESS]

[RELATIONSHIP] [WORK PHONE NUMBER] [HOME PHONE NUMBER] [MOBILE NUMBER]

DETAILS OF GENERAL PRACTITIONER [OPTIONAL]

[GENERAL PRACTITIONER'S NAME] of [SURGERY NAME]

[PHONE NUMBER] [ADDRESS (IF KNOWN)]

The following information is required to help us assess your fitness. All information provided is confidential and will be used to assist the trainer to determine the level of exercise to be undertaken.

ARE YOU A RUNNER [] A WALKER [] OR BOTH [] Please tick one

CURRENTLY HOW FAR DO YOU THINK YOU CAN RUN/WALK IN A SESSION AND HOW LONG WOULD THIS TAKE?

HOW WOULD YOU DESCRIBE YOUR CURRENT FITNESS LEVEL? BELOW AVERAGE [] AVERAGE [] HIGH [] Please tick one

GIVE REASON FOR YOUR CURRENT FITNESS LEVEL

HOW OFTEN DO YOU EXERCISE AND HOW LONG IS EACH SESSION?

WHAT FORM DOES THIS TAKE?

WHAT ARE YOUR EXERCISE GOALS?

ARE YOU AWARE OF ANY MEDICAL OR HEALTH ISSUES THAT WOULD LIMIT OR PREVENT YOU FROM DOING THE LEVEL OF EXERCISE YOU ENVISAGE UNDERTAKING WHILST WITH Y STRIDERS? YES [] NO [] Please tick one

If yes, could you please inform the trainer of those issues? Again, any information provided by you will be dealt with in the strictest of confidence. If the trainer has any doubt as to whether you are capable of undertaking the planned exercise he or she may recommend an alternative form of exercise or that you see your medical practitioner before undertaking that exercise. Your cooperation is sought to ensure your safety and wellbeing.

PLEASE ENJOY YOUR Y Striders EXPERIENCE!



RELEASE AND WAIVER OF LIABILITY

I, _____ am participating in exercise programs with Y Striders Incorporated. I recognise that any fitness and exercise program may involve strenuous physical activity including, but not limited to, cardiovascular conditioning and interval training, muscle strength and endurance training and various other fitness activities.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in Y Striders Incorporated programs. I represent and warrant that I am in good physical condition and do not suffer from any known disability or medical condition that would prevent or limit my participation in this exercise program: or that will be detrimental to my health if I participate in this activity.

I, my heirs or legal representatives fully understand that I may injure myself as a result of my participation in Y Striders Incorporated programs and I, my heirs or legal representatives forever release Y Striders Incorporated and its agents from any claims, demands and causes of action as a result of my voluntary participation in Y Striders Incorporated; and from any liability (including liability for their negligence and the negligence of others) now or in the future for conditions that I may obtain.

I am fully aware and I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in Y Striders Incorporated programs.

In the event of any emergency, I authorise medical attention from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I understand that this signed Waiver of Liability will remain in force during my four week free trial and until I resign my Membership from Y Striders Incorporated.

I HAVE READ THE ABOVE RELEASE AND WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.

SIGNATURE OF APPLICANT

DATE: _____

This form will be used as a clearance to begin a controlled exercise program. All information on this form will be treated in confidence, in accordance with the relevant provisions of the Privacy Act 1988, the Y Striders Inc. Constitution and the Y Striders Inc. Guidelines