

Aqualink 9 Week Challenge Registration Form

12 February - 15 April 2018

Personal details

Name _____

Male Female Postcode _____

Email _____

Contact Number _____ Date of birth _____

Emergency contact _____ Contact number _____

Membership Type: _____

Note: if your current membership does not include gym access, you will need to upgrade for the period 12/02/18 -15/04/18.

Please provide details of any injuries/conditions that your trainer should be aware of:

You will be allocated one (1) Group Personal Training Session (60min) per week. Please number and circle your top 3 preferences as we will endeavor to accommodate your needs as much as possible.

AQUALINK BOX HILL		AQUALINK NUNAWADING		
Mornings	Evenings	Mornings	Afternoons	Evenings
Mon 6.10am	Mon 6.15pm	Mon 10.45am	Thu 2pm	Mon 6.15pm
Mon 9.15am	Tue 7.15pm	Tue 6.10am	Fri 2pm	Mon 7.15pm
Tue 6.10am	Wed 6.15pm	Tue 9.15am		Tue 6.15pm
Tue 9.15am	Wed 7.15pm	Tue 10.45am		Wed 6.15pm
Wed 9.15am	Thu 6.15pm	Wed 6.10am		Wed 7.15pm
Thu 9.15am	Thu 7.15pm	Thu 9.15am		
Thu 10.45am	Fri 6.15pm	Thu 10.45am		
Fri 6.10am		Fri 6.10am		
Sun 8.10am		Sun 10am		
Sun 10.45am				

Please specify your goals: Lose Weight Increase Fitness Increase Strength

Lose Body Fat Tone Other _____



Aqualink Box Hill
Surrey Drive, Box Hill
Ph 9843 2900
Aqualink Nunawading
Fraser Place, Forest Hill
Ph 9878 4576

Privacy Statement

Council is fully committed to complying with the provisions of privacy legislation. This means that Council respects the privacy of individuals and complies with the Privacy and Data Protection Act 2014 in the collection, use, storage, management, provision of access and disposal of personal information. The information collected from the form is for the purpose of enrolling participants in the 9 Week Challenge Program starting 12 February 2018, communicating with participants in regards to the Program from January 2018 to May 2018, assessing individual health and fitness goals, accommodating preferences of training times, allocation of individuals into training groups with participants of similar age and who identify similar goals and communication with participants about a repeated 9 Week Challenge Program in 2019, should that event occur.

The intended recipients of the information are authorised Council officers. Council may disclose the information to law enforcement agencies, courts and other organisations authorised to collect it. For more information, please refer to Council's Privacy Policy at <http://www.whitehorse.vic.gov.au/Privacy-Statement.html> or obtain a copy from any of the Council offices. If you have any questions or change your contact details please contact Sergio Popa, Membership Services Coordinator via email: Sergio.popa@whitehorse.vic.gov.au or telephone 9878 4576.

Consent Clause

I, the undersigned approve of the enrolment and agree to abide by the rules and conditions of the Centre. I authorise you in the event of an unforeseen accident or illness to obtain such medical assistance as necessary and agree to meet any expenses here to. I give authorisation for my image to be used in any Whitehorse City Council printed or online publication for the purpose of promoting or highlighting Council work or activities in perpetuity.

Liability

To the extent permitted by law, the Aqualink and the City of Whitehorse shall not be liable or responsible to you for any direct, indirect or consequential injury, loss or damage whatsoever and however arising. Aqualink and the City of Whitehorse are not responsible for lost or stolen items or damage to property or vehicles. Acknowledging this risk, you agree to use the Centre's at your own risk.

Date: / /

Signature _____

Internal Aqualink Staff use:

Full payment has been received CSO has included upgrade form and attached to registration form

Signature: _____ (CSO to sign)

Date: / /