Aqualink Post Natal Program Registration Form

October - November 2018

This registration form must be completed prior to commencing the 6 week post natal program. Please note, for safety purposes, all participating mothers are required to be at least six weeks post-partum and have attended the 6 week check up with a doctor to participate in the program.

General Information

Name: _____

Mobile: _____ Date of Birth: _____

Email: _____

Emergency Information

Next of Kin: _____ Contact Number:_____

Baby Information

Baby Name (optional): _____ Date of Birth: _____

Exercise History

What exercise did you do during pregnancy?

_____

What exercise are you currently doing?

_____

To assist the trainer providing suitable exercises for you, please provide details about any abdominal separation and/or pelvic floor issues

_____

Are you currently doing Pelvic Floor Exercises?

_____

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

_____

_____

I wish to register for (please tick):

☐ Aqualink Nunawading 1.15pm ☐ Aqualink Box Hill 12.05pm ☐ Aqualink Box Hill 1.15pm

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Post Natal Program - Terms and Conditions

Registration
I understand that I must register for the Post Natal Program by completing the registration form. To confirm my place in the program I must pay the full fee of $90.00 before the commencement of the program when I submit the registration form.

Payment
I understand that all six classes must be paid for in advance and purchased in a lump sum payment via VISA, Mastercard, Eftpos or cash, prior to the commencement of the first class.

Privacy Statement
The City of Whitehorse 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 Post Natal Program starting the week beginning the 24 October, communicating with participants in regards to the Program from October to November 2018, assessing individual health and fitness levels during pregnancy and after the birth of the baby, ensuring participating mothers are at least six weeks post-partum, ensuring the centre has access to a nominated emergency contact for participants and communication with participants about a repeated Post Natal 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 to 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 hereto.

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 at your own risk.

Cancellation
Should you be forced to abandon this program due to illness, a refund will be offered pro-rata on the balance of classes remaining, provided a medical certificate is obtained and sighted.

Lawful Authority
I take full responsibility/supervision of my baby during these classes.

Full Name: ____ Signed: ______________________________________

Date: ____

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INTERNAL STAFF USE Receipt Number: _______________________________ Amount Paid:_________________

Date Paid & CSO Name:____

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