

AllFit

Referral/Medical Clearance

This form needs to be completed by/or with your Case Manager, Key Worker, GP or Psychiatrist/ Psychologist.

Person providing referral: _____ Organisation: _____

Address: _____

_____ Post Code: _____ Phone: _____

Email: _____

Please provide some relevant information as to the issues faced?

What difficulties could the participant experience or what are the triggers to their illness?

What tends to make these difficulties worse?

What can staff do to help?

What does the participant do to cope with these difficulties?

I believe the above mentioned person is/is not of sufficient health/fitness to undertake an exercise regime that could include weight training.

GP/specialist: Signature _____ Date: _____

I give permission for my primary health provider to discuss issues relating to my health and wellbeing with relevant Aqualink Staff.

Participant: Signature _____ Date: _____

Referee: Signature _____ Date: _____



www.aqualink.com.au

Aqualink Nunawading
Fraser Place, Forest Hill 3131
T 03 9878 4576 F 9894 3846

Aqualink Box Hill
Surrey Drive, Box Hill 3128
T 03 9898 2099 F 9899 6256

AllFit

Registration Form

Name: _____ Date of Birth: _____

Address: _____

Post Code: _____

Phone: _____ Mobile _____

Do you suffer from any of the following?

☐

Heart Condition

☐

Diabetes

☐

Knee Problems

☐

Asthma

☐

Other

☐

High/Low BP

☐

Arthritis

☐

Hip Problems

☐

Back Problems

If Other, please give details: _____

Are you currently on any medication? (please circle) Yes No

If yes, please complete the following:

Medication: _____ Dosage: _____ Medication: _____ Dosage: _____

Medication: _____ Dosage: _____ Medication: _____ Dosage: _____

Emergency Contact

Name: _____ Relationship: _____

Home Phone: _____ Mobile: _____

Participant

Signature _____ Date: _____

Photo Approval

I allow all photographs taken of myself at Aqualink Box Hill to be used for promotional materials for the above-named Centre and the City of Whitehorse. While agreeing to this, I understand that all promotional material that uses this photography will be tasteful, professional and will in no way cause stress to myself or family. I understand that I can expect no payment for this photography.

☐ Please tick if you do not wish to be included in promotional photographs

Indemnity Clause

I, the undersigned, approve of the enrolment and agree to abide by the rules and conditions of the Strong Body Strong Mind program. 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. I also accept full responsibility of my belongings whilst attending this program.

Privacy

City of Whitehorse has adopted the National Privacy Principles. All personal information collected is used solely by the Council and will not be disclosed to another party except as required by law. Access to your information can be made by calling Team Leader Leisure Facilities on 9262 6426.



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