



Weekend Warriors Enrolment Form

PERSONAL DETAILS								
Title	MR	MISS	MS	MRS	DR	Gender	MALE	FEMALE
Given Name					Surname			
Address								
Suburb					Post Code			
Telephone					Mobile			
Email					Date of Birth			
Are you of Aboriginal or Torres Strait decent?						YES	OR	NO

EMERGENCY CONTACT DETAILS				
Given Name			Surname	
Telephone			Mobile	
Email			Relationship	

WHERE DID YOU HEAR ABOUT THIS PROGRAM		
<input type="checkbox"/> Emerton Leisure Centre website	<input type="checkbox"/> Local Paper: which paper? _____	<input type="checkbox"/> Emerton Review
<input type="checkbox"/> Blacktown City Council Website	<input type="checkbox"/> Blacktown City Council Bulletin/Flyer	<input type="checkbox"/> Letterbox drop flyer
<input type="checkbox"/> Plasma/Centre Signage	<input type="checkbox"/> Word of Mouth: who from? _____	<input type="checkbox"/> Email/Text Message
<input type="checkbox"/> School Newsletter	<input type="checkbox"/> Other (please specify): _____	

SPECIAL NEEDS /MEDICAL CONDITIONS
<i>Please note below any medical conditions, injuries and/or illnesses you have or previously have had that may preclude you from participating in the Weekend Warriors program.</i>

OFFICE USE ONLY							
Form & completed	Clearance given (if required)	Entered into Links	Payment Received	Initial		Date	

TERMS AND CONDITIONS

- ALL fees are payable in advance and are non-refundable
- ALL participants are required to obey to Emerton Leisure Centre's conditions of entry
- Emerton Leisure Centre and Blacktown City Council advises all participants to seek medical advice before entering any exercise program
- All injuries, conditions and ailments past and present must be communicated to the fitness instructor and noted on this form prior to the commencement each and every class and exercise modifications will be provided where necessary
- Workout at a low intensity for your first visit and concentrate on learning the exercises properly. Be sure to limit yourself to a comfortable pace.
- Participants must be over the age of 16 years to participate in this program

By completing this form and entering the class, you are verifying your adherence to the above terms and conditions and in turn waiver responsibility of injury or illness that may be sustained during the exercise program.

Privacy Statement

Emerton Leisure Centre values your privacy, we take great care with your personal details. Your details will not be sold or disclosed to third parties and are only accessible to authorised staff members at the centre. We will only use your details, for the intended purpose under which they were provided. To change any of your details please contact the centre on 96287016. To view the full privacy policies please contact the privacy officer at Blacktown City Council on 98396000.

I have read and understood the Terms and Conditions of the Boot Camp Program and Privacy notification.

Name		Signature		Date	
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BLACKTOWN CITY COUNCIL'S PHOTO PERMISSION SLIP

This form is to confirm that you are happy for to participate in a photography shoot for Council's promotional purposes.

Photographs will be taken during Weekend Warriors sessions.

Your permission is sought for Council to use these photographs of yourself. Note that upon review, Council is under no obligation to use these photos or provide copies of such.

These photographs may be used in other media programs of a Council community services nature after prior consultation with you but will not be released to any individual or party outside of Council.

Only Council approved / endorsed photographers will be permitted.

By signing this form you waiver the right to seek any payment or in kind royalties for your involvement.

I, the undersigned have read, understood and agree to the terms and conditions above. I certify that I give my full permission for my photographs to appear and that these photo may also be used for other purposes with the prior consultation referred to above.

I also understand that as part of this agreement I am unable to seek from Council payment for these photos used for print and other media.

Name: _____ Signature: _____ Date: _____

Please mail or fax your slip through to:

Bianca Clark or Rebecca Tromp or
 Po Box 63
 Blacktown NSW 2148
 P: 9839 6439
 F: 9831 5697

Stacey Gentles
 Emerton Leisure Centre
 Jersey Road
 Emerton , NSW 2770
 Ph; 96287016

