

## ABPA 2012 ADULT ENROLMENT FORM

Full Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home Address: \_\_\_\_\_

Emergency Name and Contact: \_\_\_\_\_

Name of Child(s) attending ABPA (if applicable) \_\_\_\_\_

### Health Questions

Any injuries/illnesses your Aussie Bodz teacher/instructor should be aware of?

Please note: if you have any history of injury, illness, family illness, hypertension or you might be pregnant, you will require clearance from a doctor before participating in these sessions.

### CLASSES ENROLLED FOR 2012 - Please Circle or Tick

Please note that due to demand, the Aussie Bodz class timetable may change and/or include additional days. You will be informed of any changes.

Adult Classes: Dance & Fitness		
<b>WEDNESDAY</b>	5.15 - 5.45pm	Adult Conditioning
	5.45 - 6.45pm	Adult Dance
<b>SATURDAY</b>	8 - 9am	10 Week Fitness Challenge
	10 - 11.30am	Adult Dance

\* Please see our website for class descriptions and prices



## PLEASE READ CAREFULLY AND SIGN THIS CONTRACT

1. All fees must be paid in advance, and all missed sessions must be paid for.
2. Please inform ABPA if your contact details change. We will not be held responsible for being unable to contact you.

'I represent and warrant that all information on this form is correct.

I allow my ABPA to use the name and any photographs, sound and film recordings of myself/my child/my ward to be used for the promotion of ABPA on our website and local advertisement.

I understand that although ABPA attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I understand that there is an inherent risk of personal injury in physical activities that will be undertaken as part of this program. I acknowledge that no responsibility or liability for either personal injury or financial or property damage in any way whatsoever arising directly or indirectly from any activity undertaken at or on behalf of ABPA by myself shall be accepted by ABPA or its employees or agents. I am aware that it is my responsibility to assess the extent of my involvement in this program when deciding whether additional insurance cover, above that provided by Medicare, is required.

In case of emergency, I authorise ABPA staff, where it is impractical to communicate with me, to arrange for myself to receive such medical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while I am with the program.

I agree that refunds are not accessible or applicable in relation to my tuition if classes are missed and/or participation ceases.

I take full responsibility for my conduct whilst participating in any activity at or on behalf of ABPA.

I accept that I have been provided with a risk warning by or on behalf of ABPA. I understand that as a consequence of this risk warning, ABPA does not owe myself any legally binding duty of care.'

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### **PAYMENT DETAILS**

**Please note the change from previous bank details**

<b>Account Name</b>	<b>A L Romalis</b>
<b>BSB NO</b>	<b>812-170</b>
<b>ACC NO</b>	<b>100-578-031</b>

**\*\*Payment Reference    Your Name**

**Aussie Bodz**

**\* Performing Arts \* Health & Fitness\***

Amy Romalis - 0402 255 155 - amy@aussiebodz.com.au