

Walking for Pleasure

Walker annual registration form

Personal details

Name	<input type="text"/>	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	<input type="text"/> <input type="text"/>	Phone	<input type="text"/>	
	Postcode	Home	<input type="text"/>	
		Work/mobile	<input type="text"/>	
Email	<input type="text"/>			
Name of walking club	<input type="text"/>			

Emergency contact details

Name	<input type="text"/>	Relationship to participant	<input type="text"/>
Address	<input type="text"/> <input type="text"/>	Phone	<input type="text"/>
	Postcode	Home	<input type="text"/>
		Work/mobile	<input type="text"/>

Medical information/pre-exercise questionnaire

Do you suffer from or have you had any of the following, which may affect your ability to walk?

- Chest pains Heart disease High blood pressure Back trouble or slipped disc Epilepsy, fits or blackouts Joint pains or arthritis
 Diabetes Recently recovered from illness or an operation Any allergic condition (including food allergies)
 Asthma (please include asthma plan) or bronchitis

If yes to one or more please give details (attach sheet if required)

Medicare number	<input type="text"/>	Position number on Medicare card	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Health care card number	<input type="text"/>	Do you have ambulance cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Intensity <input type="checkbox"/> Hard <input type="checkbox"/> Moderate <input type="checkbox"/> Light
Pensioner health benefits card	<input type="text"/>	Private health insurance fund	<input type="text"/>	How often? <input type="text"/>
Pharmaceutical benefits concession card	<input type="text"/>	Number	<input type="text"/>	How often? <input type="text"/>

Risk waiver

I wish to register as part of the above mentioned Walking for Pleasure club.

In the case of an emergency, I authorise the Walk Leaders, where it is impracticable to communicate with me, to arrange for me to receive such medical or surgical 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 registered as part of this club.

I understand that although Sport and Recreation and the walking club attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and that all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken as part of the walking club program

I understand that I participate in the walking program at my own risk and that my local GP should be contacted before starting any form of exercise.

Full name

Signature

Date

 / /

Privacy statement

Sport and Recreation and the walking club will collect and store information you voluntarily provide to enable processing of registrations for walking programs. The information will be provided to the Walk Leaders of the program and their supervisors, where necessary and you consent to this disclosure.

If you have been asked for information regarding Aboriginal and Torres Strait Islander descent and cultural background, this information is voluntary and is being compiled for statistical purposes only. Any information provided by you will be stored on a database that will only be accessed by authorised personnel and is subject to privacy restrictions. The information will only be used for the purpose for which it is collated.

Any information provided by you to Sport and Recreation and the walking club can be accessed by you during standard office hours and updated by writing to us or by contacting us on 13 13 02.



Communities
Sport & Recreation