



**POLE WALKING
COURSE REGISTRATION FORM**

Course: (please circle) **Leader** **Coach Level 1** **Physio Workshop**

Course Date: ___/___/___ **Course Location:** _____

First Name: _____ **Surname:** _____

Postal Address: _____

State: _____ **Postcode:** _____ **Email:** _____

Phone Contact (Preferred): _____

Proposed Region/Suburbs of Your Pole Walking Sessions:

1- _____ 2- _____

Current Qualifications: _____

Do you have a Current Seniors First Aid certificate: Yes / No (Please Circle)

Current Occupation: _____

Are you currently covered by liability insurance? Yes / No (Please Circle)

- Professional indemnity insurance. Value: _____
- Public liability insurance. Value: _____

Note: Community Fitness Australia and the PoleAbout International Network are not responsible for any of your insurance cover.

Medical History:

Do you currently have a medical condition or physical injury which may affect your ability to participate safely in any exercise? Yes / No (Please Circle)

If Yes, please provide details: _____

Cancellation Policy:

If you wish to cancel a course, greater than 14 days prior to commencement date you will receive a full refund less \$30.00 administration booking fee. Less than 14 days in writing of cancellation will incur a fee of \$100. No notification prior to date no refund

Privacy Policy:

Community Fitness Australia/ P.I.N will not use or disclose personal information about an individual for a purpose unrelated to the initial purpose of collection. Community Fitness Australia retains this information for the sole purpose to administer its services and uses and discloses it only when required to provide the services offered by Community Fitness Australia. CFA will take all reasonable steps to ensure that all your information collected is stored securely.

Participants Agreement:

I, the undersigned willing participate in this course at my own risk. I have disclosed to the organisers or presenters any medical or injury condition that I have which may restrict me from participating safely in this course. I take full responsibility for any injury, death, loss or damage to my person and or property that may arise directly or indirectly from my participation in this course. I will not seek to penalise, prosecute or claim compensation from the organisers, presenters or participants of the course for any such injury, illness, loss or damage however caused to me arising directly or indirectly from my participation in the course.

Signature: _____ Date: ___/___/___

Please attach:

- 1- Copies of current prerequisite qualification certificates
 - Prerequisite for Coach Level-1 – Current Cert 3 in Fitness or equivalent.
- 2- Senior First Aid & CPR certificate (current registration)
- 3- Nominate payment method by way of (cheque/credit card/cash)

PAYMENT OPTIONS:

Please Circle: Cheque Bankcard MasterCard Visa Cash

Name on card: **Amount Payable:** \$.....

Card No: ___/___/___/___ **Expiry Date:** __/__

Return by Mail or Fax: 14 days prior to course date your registration form and supporting documents to the Education Director at the address shown below.

Must Read: Terms & Conditions:

A minimum number of participants are required for course to proceed. Where course fails to meet the minimum number required; an option will be given for a full refund or rescheduling into another course at a later date. Upon confirmation of your registration you will be notified by email of the course venue and what you will be required to bring with you. Any concerns please contact us on the details below.

Community Fitness Australia Pty Ltd
P.O Box 28, Tweed Heads. NSW. 2485
PH- 07 5523 2889 or Fax- 07 5523 4022 or Email: info@poleabout.com.au