



GLEN EIRA
CITY COUNCIL

Active ageing exercise program

— application form and conditions of participation

Surname (Mr/Mrs/Miss/Ms): _____

Given names: _____

Address: _____

Suburb: _____ Postcode: _____

Phone: (H) _____ (M) _____

Date of birth: _____

Gender: Male Female

Are you currently engaged in any physical activity? Yes No

If yes, please describe: _____

Emergency contact details

(Please give details of next of kin who may be contacted in case of emergency.)

Full name: _____

Relationship: _____

Phone: (H) _____ (W) _____ (M) _____

Health information

You must obtain medical clearance before you participate in the program. As part of this clearance, you must discuss the classes and activities you would like to undertake through the program with your doctor. You can either attach a letter from your doctor or ask them to sign where indicated below.

Doctor's name: _____

Doctor's address: _____

Phone: _____

Doctor's signature: _____

When was your last medical check-up? _____

Have you had any major surgery or injuries during the last three years? Yes No

If yes, please state: _____

Do you suffer from any medical conditions which may modify your program? Yes No

If yes, please state: _____



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Class preferences

Please tick which class or classes you would like to attend:

- Fit active: Caulfield Recreation Centre, Monday 11:30am
 Caulfield Recreation Centre, Wednesday 11.30am
- Strength training: Bentleigh, Monday 9am Bentleigh, Thursday 9am

Fit Active

These classes include a light cardio warmer up to music, light jogging or walking, and floor-based exercises designed to improve strength with the help light resistance, flexibility, balance and improve relaxation all to music.

Power and Strength Training

These classes include a light cardio warmer up and are designed to improve strength through light weight resistance training, improve balance, and help prevent bone fractures from osteoporosis.

Please read the following exercise advice carefully

Work at a low level on your first visit and concentrate on learning to do the exercises properly. Be sure to limit yourself to a pace at which you can still talk comfortably. If you experience any pain, stop exercising immediately and let your instructor know.

If you suffer any injury, illness or other condition in the future which could affect your participation in the program, please advise your instructor and/or Council's active ageing program officer. You may need to provide a further medical clearance before you can resume participation in the program.

For your safety, it is recommended that you wear loose, comfortable clothing and that your footwear is supportive with non-slip soles.

Conditions of participation in the program

I warrant that I have disclosed all existing medical conditions relevant to my participation in the program and agree to make further disclosures in relation to subsequent conditions, injuries and the like, including, but not limited to, changes in existing conditions.

I agree to obtain additional medical clearances if requested to do so by Council's active ageing program officer.

I agree to abide by the exercise recommendations referred to on this form, as well as instructions by Council staff in relation to the program and all relevant conditions of entry and use at Glen Eira Leisure. These terms and conditions can be found at <https://www.geleisure.com.au/>

I authorise program instructors to administer first aid and obtain medical advice and/or treatment for me as appropriate. In the event that an ambulance is required, I further agree that I am responsible for any applicable costs.

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Participant's signature: _____ **Date:** _____

Please return this form as soon as possible to:

Health and Wellbeing Coordinator
Glen Eira Leisure
200 East Boundary Rd,
Bentleigh East VIC 3165

Or email cspink@geleisure.com.au

Information privacy

The personal information requested on this form is collected in order to provide the service or function referred to. Your personal information will only be shared with Council staff who are involved in providing the service or function or with the enforcement of related terms and conditions. You are responsible for informing any third party that you have provided their details to Council on this form. If you would like to access your personal information or amend it, please contact Council's privacy officer on 9524 3333. A copy of Council's *Privacy Policy* is available at www.gleneira.vic.gov.au