

## **MOVE IT BURDEKIN**

### Participant Registration Form

Occupation:
Phone:
Email:
Address:
EMERGENCY CONTACT INFORMATION
Name:
Mobile:
MODILC.

#### **MEDICAL INFORMATION**

Home Phone:

Relationship:

**ABOUT YOU** 

Date of Birth:

Name:

Are you currently exercising? YES NO
What type of exercise?
How many days per week?

# PLEASE TICK IF ANY OF THE FOLLOW SYMPTOMS / CONDITIONS APPLY TO YOU:

- Arthritis
- Diabetes (Type 1 / 2)
- Heart Condition
- Shoulder Pain
- Chronic Illness
- Chest Pain (when exercising)
- High / Low Blood Pressure
- Knee Issues/Pain
- Back Pain
- High Cholesterol
- Epilepsy
- Headaches / Migraines
- Hernia
- Other Please specify below:

#### Terms & Conditions

Participation in this program is at your own risk. It is recommended that you discuss participating in this program with your GP prior to commencement.

Photography and/or visual recordings of this program may be used for promotional purposes by Burdekin Neighbourhood Centre, Burdekin Shire Council or NQ Sports Foundation at a future time. By signing up to this program, you consent having your photo/video taken and understand that these images may be used for promotional purposes.

Burdekin Neighbourhood Centre is collecting the personal information you provide on this form for the purpose of processing your registration. This information will be shared with NQ Sports Foundation (funding provider) and Andrea Piotto (program facilitator). Your information will not be disclosed to any other third party without your consent unless required or authorised by law.