



SCFH Walker Registration Form

To join the SCFH walking group, please bring your completed registration/consent form AND pre-exercise questionnaire to be given to the SCFH Exercise Physiologist before commencing walking.

Your Details

First name: Last name:

Address:

Date of birth: / /

Telephone: Home: (.....)..... Mobile: (.....).....

Email:

Emergency contact name: Phone number:

How did you hear about the SCFH walking group?

Have you been exercising on a regular basis for the past 3 months? Yes No

Terms and Conditions

1. I agree to participate in the Shell Cove Family Health walking group at my own risk
2. If I am aware of any medical conditions that may be affected by walking, or if I answered yes to any of the adult pre exercise screening tool questions, then I will check with my doctor before participating in the walking group
3. I understand that Shell Cove Family Health is not responsible for any loss, damage, expense or personal injury which may be sustained by me by reason of any neglect, omission or failure on the part of Shell Cove Family Health as a result of my participation in the activities of this program
4. I acknowledge that Shell Cove Family Health encourages a nil animal policy, however, if I am to walk with my dog then I am solely responsible for my animal and for any injury or damage my animal might cause to any person or property
5. I understand I am to inform the Exercise Physiologist or group leader immediately of any change in my health status while participating in the group
6. I agree to comply to these terms and conditions and acknowledge that Shell Cove Family Health will inform all participants of any changes in the terms and conditions of this program in written form

Participant signature: _____

Date: / /

Office use only

medical clearance received, no GP clearance required

medical clearance received, GP clearance required and received

Exercise Physiologist: _____

Date: / /

Please complete the attached adult pre exercise screening tool and return both forms to the Exercise Physiologist at Shell Cove Family Health