

# Teen Gym Term 4 Enrolment 2017

9<sup>th</sup> October – 14th December



(10 week term)

Teen Gym is a structured exercise program designed to provide children between the ages of 10 years and 16 years an introduction to the gym in a fun and supportive environment. Students will learn the correct technique for body-weight exercises, light free-weights and cardio exercises. The fully supervised program is run each school term on the following days:

**Monday 4.30pm – 5.30pm**

**Tuesday 4.30pm – 5.30pm**

**Thursday 4.30pm – 5.30pm**

|                           |  |
|---------------------------|--|
| <b>Student Name</b>       |  |
| <b>Address</b>            |  |
| <b>Date of Birth</b>      |  |
| <b>Parent Name</b>        |  |
| <b>Parent Contact No.</b> |  |
| <b>Email Address</b>      |  |

**Please Select:**

- Casual Attendance \$11 per session
- Term Attendance \$97 for 1 Day
- Term Attendance \$152 for 2 Days
- Term Attendance \$162 for 3 Days

## PRE-EXERCISE QUESTIONNAIRE

| Have you had, do you have, or have you suffered from any of the following? | YES | NO | If Yes, please give details of condition, medication and approximate date cleared. |
|--|-----|----|--|
| Rheumatic fever, dizziness or fainting?                                    |     |    |  |
| Have you been hospitalised recently?                                       |     |    |  |
| Any heart condition?   |     |    |  |
| Any pain or injuries to the neck, back, knees or ankles?                   |     |    |  |
| Palpitations or pains in the chest?  |     |    |  |
| Are you taking any medication?   |     |    |  |
| Arthritis, Asthma, Cramps or Muscular Pain?                                |     |    |  |
| Gout, Stroke, Diabetes, Epilepsy, Hernia or Glandular Fever?               |     |    |  |
| Please detail your child's exercise history – frequency/duration/time      |     |    |  |

If any of the above conditions have been experienced, please either obtain physician clearance prior to exercise commencement, or sign below if the condition has already been cleared by your doctor.

**Sign:** \_\_\_\_\_

1. I, and if being a minor, my parent/s, guardian/s, for and on behalf of myself, acknowledge that during all such times as I am on the premises which is organised, approved or endorsed by Five Dock Leisure Centre, as an activity for me to take part in, both my property and person shall be at my own risk and I will not hold Five Dock Leisure Centre liable for any personal injury or loss of property which may arise from the negligence of Five Dock Leisure Centre, its servants, agents, independent contractors, voluntary workers, other users of the facility or participants in the activities or spectators, or other parties providing service through or in the facilities of Five Dock Leisure Centre.
  
2. I, and if being a minor, my parent/s, guardian/s, for and on behalf of myself, warrant that I am physically fit and able to engage in exercise and gym programs. I also agree to abide by Five Dock Leisure Centre's Users Code of Conduct at all times whilst on the premises of Five Dock Leisure Centre.

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_