

BROCKMAN COMMUNITY HOUSE

Annual Term Enrolment

First Name: _____ Surname: _____

Address: _____

Suburb: _____ Postcode: _____

Phone Number: _____

Email Address: _____

Gender: Female Male

Are you from another country other than Australia? Yes No

Are you of Aboriginal or Torres Strait Islander descent? Yes No

Adult age: Under 20 years 20 - 29 years 30 - 39 years

40 - 49 years 50 - 59 years 60+ years

Do you have any children? Yes No If yes, how many? _____

Childs age: 0 - 2 3 - 5 6 - 8 9+

Do you require crèche? Yes No If yes, how many? _____

Please specify if you or your child/ren have any specific health care needs?
(disabilities; medical conditions; asthma; anaphylaxis; and/or allergies)

How did you find out about us? Existing member Mail

Google search Word of mouth Term flyer Other

Course selection: _____

Annual Membership: \$10 per year

I am a member of Brockman Community House Expiry: _____

I would like to become a member of Brockman Community House

Please turn over for our acknowledgement statement - Thank you

Acknowledgement Statement

- ⇒ The information requested in this form is used only for Brockman Community House reporting requirements and is maintained in compliance with the Privacy Act 1988
- ⇒ My photograph may be taken during course activities and may be used by Brockman Community House for promotion purposes on our website and/or Facebook page
- ⇒ I am responsible for my own possessions which are brought onto the premises
- ⇒ I understand I am responsible for the conduct and safety of myself and all children attending the service under my care
- ⇒ If participation is low my course may be cancelled and I will be entitled to a full refund of any prepaid monies for sessions not held for that course
- ⇒ To the best of my knowledge I do not suffer from any medical or physical conditions and/or disability that will or might increase the normal risks associated with exercise
- ⇒ I acknowledge that all exercise involves a risk of personal injury, including a small risk of serious injury and/or death, and agree to take responsibility for my own health and well being in relation to our fitness classes

I acknowledge I have read and consent to each of the above statements:

Signature: _____

Date: _____