

Trial Class

Registration Form

1 VOLID DETAILS.

attending SHARE classes.

1. YOUR DETAILS:			
Title:Gender:	: Male / Female (please ci	rcle) Date of Birth:	
Surname: First Name:			
Address:		Postcode:	
Contact Phone:Mobile:		Email Address: _	
Emergency Details of Next of Kin:		Relationship:	
Best Contact Number: Mob	oile: Hom	e:	Other:
	Australia Other, please sp		
 Do you speak a lar How well do you s Are you of Aborigi Current and/or Pro Describe your mai How did you hear Please indicate if y 	nguage other than English speak English? Please circlinal or Torres Strait Island evious Occupation:n reason for undertaking about SHARE's wellness p	n at home? Please s le Very well/ Well / ler origin or both? _ this class: program? tion or taking any n	
2. CLASS DETAILS:			
CLASS NUMBER/S	LOCATION	START DATE	One FREE trial class is accepted before full payment is required. Provide Information to the Office upor completion of class
			AMOUNT \$
Total Cost of Classes			\$0.00
participant agrees to assum DECLARATION: I, the under including but not limited to	ne all risk and responsibili ersigned, acknowledge the o, various exercises I have	ity involved with path the above assessing enrolled.	is and may involve inherent risk of physical injury. The articipation in these physical activities. essment includes participation in physical activities, Date:
			procedures and regulations including notices at the
		•	SHARE reserves the right to refuse participants from

Please Return Completed Forms