



TRAINING ENROLMENT FORM

Personal Information

Title.....First Name.....Surname.....

Address.....

Suburb.....P/code.....D.O.B:.....

Phone (Home)..... (Mobile).....(Work).....

Employer.....

Email.....

Course/Workshop Details

Course/Workshop Title.....Venue.....

Dates..... Full Course Fee: \$199.00 Early Bird: \$149.00

WHATS INCLUDED?

- Comprehensive 1 Day module course with Notes to get you started
- Fitness Australia Approved 7 CEC's
- Telephone and email learning support
- Challenge the mind and the core with the biggest kids Core program in Australia

ENROLMENT FORM – Fax 07 3311-2923 or call (07) 3352-3122

Yes, I'd like to enroll in the Core Camp® 4 KIDS Course and submit payment of \$199.00 or \$149.00 for the Early Bird Rate.

Location: _____

Date: _____

Name _____ Date _____

Organisation _____ Phone(mob) _____ (B/H) _____

Street Address _____ Suburb _____

City _____ State _____ Postcode _____

Email(to confirm your enrolment) _____

Payment by: Direct Credit Cheque (to Inspiring Fitness P/L) Credit Card

Payment Details

Full Payment must accompany enrolment application

Form of Payment (Please Circle) Credit Card.....Direct Credit.....Direct Debit.....

CREDIT CARD DETAILS

Name on Card: _____

Card Type: _____ Card Number: _____ / _____ / _____

Expiry Date: _____ CCV: _____

ELECTRONIC FUNDS TRANSFER

Account: Inspiring Fitness Enterprises Pty Ltd

BSB: 064-102

Account No: 1036 1308 Please identify EFT payments with your name. Thanks

DIRECT DEBIT

Contact Inspire on +61 7 3352-3122 or email kathy@inspiretrainers.com to arrange this.

Medical Details

Inspiring Fitness Enterprises is an equal opportunity access and equity provider, candidates must be aware that the course/workshop involves theoretical sessions and may involve quite strenuous practical activities that require a reasonable level of fitness. Do you have any known reason, medical or otherwise, that would limit or restrict your ability to participate in theoretical sessions and/or practical activities? No or YesIf Yes please specify.....

(Please attach pertinent information)

Emergency Contact Name.....

Emergency Contact Number.....

Indemnity Details

This form is an important legal document. It explains the risks you are assuming by participating in a training program, which includes participation in physical exercise. It is critical that you read and understand it completely. After you have done so, please print your name and sign in the spaces provided at the bottom of this form.

Waiver and Covenant Not to Sue

I....., have volunteered to participate in a training program under the direction of Inspiring Fitness Enterprises Pty Ltd which will include, but may not be limited to weight and/or exercise training. In consideration of the Inspiring Fitness Enterprises Pty Ltd agreement to instruct, train, educate and assist me, I do here and forever release and discharge and hereby hold harmless Inspiring Fitness Enterprises Pty Ltd and their respective agents, contractors and employees from any and all claims, demands, damages, rights or action or causes of action, present or future, arising or connected with my participation in this training program.

Assumption of Risk

I....., recognise that any exercises I undertake whilst participating in this training program might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include abnormal blood pressure, fainting and disorders in heartbeat. I recognise that all participants prior to involvement in any exercise program should obtain an examination by a medical practitioner. If I.....have chosen not to obtain a medical practitioner’s permission prior to beginning this training program with Inspiring Fitness Enterprises Pty Ltd I hereby agree that I am doing so at my own risk. In any event, I acknowledge and agree that I assume the risks associated with any and all activities and/or exercise in which I participate as part of this training program.

Participants Name (please print)

Participant’s signature.....Date.....