



Fit Challenge 2011

Want to get fit and have fun at the same time? Then leap into spring with an early morning fitness session that caters for people of all levels of fitness. Enjoy the benefits of working out with a great bunch of people and a seriously motivated FUN fitness coach! Start your 5 week challenge now before the summer heat sets in.

**Fitness sessions will focus on developing
*Aerobic Fitness*Overall Body Strength* Core Stability*Flexibility**

Start Dates

Mon 24 Oct – 21 Nov	06:30-07:25am	Lake Burley Griffin (meet on the grass area in front of the National Library)
Wed 26 Oct – 23 Nov	06:30-07:25am	Lake Burley Griffin (meet on the grass area in front of the National Library)

Preferred Day Mon 06:30am Wed 06:30am Both

Program Cost: 1 weekly session for 5 weeks \$75 2 weekly sessions for 5 weeks \$150

Registration Form:

Please complete the registration form and return with payment to 37 Mount Vernon Drive, Gleneagles, Kambah 2902 before 21 Oct 2011. **All cheques should be made payable to Jane Zeller. Direct Deposit St George Bank, Jane Zeller BSB 112908 Account 152931381.** Refunds are not possible other than with a medical certificate or under exceptional circumstances.

Name: _____

Address: _____

Phone Number: (H) _____ (W) _____ (M) _____

Email Address: _____

Emergency Contact: _____ **Telephone:** _____

Client consent

- I am aware of the nature of the physical activity program that I am about to undertake and I have clearly outlined above any medical conditions that may prevent me from full participation in the program.
- The above information is, to the best of my knowledge, correct and I will inform the instructors of any changes to either my health or condition that may require a change in program prescription or activity involvement.
- I understand that in the case of an emergency should i require urgent medical or hospital treatment, i will be transported to hospital by ambulance at my own expense and I accept responsibility for all expenses incurred.
- In consideration of my participation in this program, I agree to release Fit HabitZ instructors, their agents and representatives from any liability for accidental injury or illness, which may occur as a result of participating in the physical activity program. Fit HabitZ instructors are aware of their duty of care for program participants. However it is the responsibility of each participant to exercise with caution and only engage in the program to the level of their own ability and confidence.
- Fit HabitZ acknowledges and respects the privacy of individuals. The information that is collected in this questionnaire is for the sole purpose of providing you with an appropriate physical activity program, specific to your needs and physical ability. The personal health information collected is required to determine pre-existing conditions, which may influence your ability to participate in a physical activity program.
- I have read this statement carefully and agree to its contents and this declaration.

Name: _____ Signature: _____ Date: _____