



BOOTCAMP BENDIGO

Bootcamp Bendigo
ABN 14 665 046 586
Tel: 0431 733 614
Email: mic@bootcampbendigo.com.au
Web: www.bootcampbendigo.com

PART 1. ENROLMENT FORM

Personal Information

Title:	First Name:	Surname:	
Date of Birth:	Sex	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Postal Address:			Postcode:
Phone	H:	W:	M:
Fax:	Email:		
Preferred method of contact:	<input type="checkbox"/> Letter	<input type="checkbox"/> Phone	<input type="checkbox"/> Email
Emergency Contact	Name:	Relationship:	Phone:
<input type="checkbox"/> I do wish to receive email updates from us on any upcoming events, course information or other marketing or promotional material.			

Statistical Information

How did you hear about us?
What is your main fitness goal?
Why do you want to achieve this goal?
Are you willing to commit to this goal?

Medical Information (insert ✓tick where applicable)

Are you presently exercising?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If YES:	If NO:				
What type of exercise?	Have you done structured exercise in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No				
How often?	If YES, what was the frequency (per week)?				
How long have you done this for?	When did you stop?				
Have you been consistent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Why did you stop?				
<p>The course involves activities that require a basic level of fitness. Are there any known reasons such as an illness, disability, impairment or otherwise, which may impact, limit or influence your ability to participate in the activities, including (but not limited) any one or more of the following (Please tick and describe in the space provided)?</p> <table border="0"> <tr> <td> <input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Family history of Heart Disease <input type="checkbox"/> Heart Condition <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Low Blood Pressure <input type="checkbox"/> Heart Palpitations <input type="checkbox"/> Pain or tightness in the chest <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Liver/kidney conditions <input type="checkbox"/> Regular Headaches <input type="checkbox"/> Any Major Injuries </td> <td style="text-align: center; border: 1px solid black; padding: 5px;"> Office Use Only BP Reading / Date taken _____ </td> <td> <input type="checkbox"/> A Hernia <input type="checkbox"/> Muscular Pain/Cramps <input type="checkbox"/> Back Pain <input type="checkbox"/> Chronic Cough <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Are there any other factors that may limit your activity? Please describe: ----- If male, Are you over 35 years and unaccustomed to exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No If female, Are you Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you over 45 and unaccustomed to exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>			<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Family history of Heart Disease <input type="checkbox"/> Heart Condition <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Low Blood Pressure <input type="checkbox"/> Heart Palpitations <input type="checkbox"/> Pain or tightness in the chest <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Liver/kidney conditions <input type="checkbox"/> Regular Headaches <input type="checkbox"/> Any Major Injuries	Office Use Only BP Reading / Date taken _____	<input type="checkbox"/> A Hernia <input type="checkbox"/> Muscular Pain/Cramps <input type="checkbox"/> Back Pain <input type="checkbox"/> Chronic Cough <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Are there any other factors that may limit your activity? Please describe: ----- If male, Are you over 35 years and unaccustomed to exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No If female, Are you Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you over 45 and unaccustomed to exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Family history of Heart Disease <input type="checkbox"/> Heart Condition <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Low Blood Pressure <input type="checkbox"/> Heart Palpitations <input type="checkbox"/> Pain or tightness in the chest <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Liver/kidney conditions <input type="checkbox"/> Regular Headaches <input type="checkbox"/> Any Major Injuries	Office Use Only BP Reading / Date taken _____	<input type="checkbox"/> A Hernia <input type="checkbox"/> Muscular Pain/Cramps <input type="checkbox"/> Back Pain <input type="checkbox"/> Chronic Cough <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Are there any other factors that may limit your activity? Please describe: ----- If male, Are you over 35 years and unaccustomed to exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No If female, Are you Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you over 45 and unaccustomed to exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Course Enrolment Information (insert ✓tick where applicable)

What days are you days are planning on training?	<input type="checkbox"/> M	<input type="checkbox"/> Thu	<input type="checkbox"/> Sat	<input type="checkbox"/> Beginners	<input type="checkbox"/> Regular	<input type="checkbox"/> Female
Do you require Training shirt? (Additional cost)	<input type="checkbox"/> Yes <input type="checkbox"/> No					

PART 2. TERMS AND CONDITIONS

(Return Part 2 in person to our staff with original signature)

IMPORTANT: Please read this document carefully. It is a condition of your use of our services that you comply with these terms and conditions.

These **terms and conditions** apply to all goods or services ("**Bootcamp Bendigo**") supplied by BCB. They are to be read in addition to and will prevail over any additional terms and conditions specified for any individual purchase of BCB Courses supplied by BCB. In so enrolling and in consideration of my application fee for entry to any BCB Course, **I acknowledge, warrant and agree** that:

1. **Interpretation:**
 - **BCB** means Bootcamp Bendigo ABN 14 665 046 586 and its permitted successors and assigns.
 - **Agreement** means this document, the attached Enrolment Form as well as any schedule or annexure to this document.
 - **Representative** means any of BCB's directors, officers, contractors, sub contractors, servants, agents or other representatives.
2. **Payment:**
 - All fees (unless paid in full), BCB Courses and availability of BCB Courses are subject to change without notice.
 - Full payment of fees is required in advance for all BCB Courses and is the mechanism for securing my place in a BCB Course.
 - Pro-rata payments for some BCB Courses can be arranged on application.
3. **Refund:**
 - Where I have given BCB at least 5 business days prior written notice of my intention to withdraw from a BCB Course, I am entitled to a full refund or credit.
 - Where the relevant BCB Course has not commenced and where I have given BCB less than 5 business days prior written notice of my intention to withdraw from a BCB Course, I am entitled to a full refund or credit less a 50% cancellation fee.
 - Once a BCB Course has commenced, I am not entitled to a refund or credit.
4. **BCB's Rights:** BCB may:
 - Vary the delivery of a BCB course at anytime without notice.
 - Refuse my entry or continuation to a BCB course if BCB's Representatives have deemed (at their sole discretion) me not to be medically or physically fit to participate. However, BCB is not able to provide advice concerning medical fitness to undertake any exercise or activity and that it is my responsibility to seek medical advice in this regard.
 - Refuse my entry or continuation in a BCB Course if BCB's Representatives have deemed (at their sole discretion) my behaviour to be unacceptable, unsafe or inappropriate.
5. **Warning:** Participation in a BCB course can be inherently dangerous. Accidents may happen which may result in me being injured or even killed. I have read and understood this warning and voluntarily accept and assume the inherent risks in participating in each relevant BCB Course.
6. **Fitness to Participate:**

I am and will continue to be medically and physically fit and able to participate in the course. I am not and will not be a danger to others or myself. I will immediately notify BCB in writing of any change to my fitness and ability to participate. Unless I notify BCB otherwise, I understand and accept that BCB will continue to rely upon this declaration as evidence of my fitness and ability to participate.
7. **Medical Treatment:** I consent and authorise BCB and its Representatives to administer or obtain medical assistance in the event of an accident or medical condition I may suffer whilst participating in a BCB Course and agree to pay for any costs or expenses incurred by BCB in administering or obtaining such medical assistance.
8. **Exclusion of Liability:** To the extent permitted by law and while all reasonable care is taken, BCB and its Representatives cannot be held responsible and excludes all liability however arising (including liability for negligence) for direct, indirect or consequential loss, damage, injury, cost and expenses (including without limitation loss of revenue or profits, loss of business opportunity, goodwill and/or data, and failure to realise anticipated savings or benefits).
9. **Release and Indemnity:** To the extent permitted by law, I release and indemnify, and will keep indemnified, BCB and all of their Representatives in relation to all claims which I now, or at any time in the future may have against BCB, arising from or related in any way to the supply and my participation in BCB Courses.
10. **Privacy:** I understand that the information I have provided is necessary for my participation in any BCB course. I acknowledge and agree that the information will only be used by BCB to facilitate the conduct of BCB Courses. As part of my enrolment with BCB, I acknowledge that I may receive information from time to time about the products and services offered by BCB. If I do not wish to receive such information from BCB, I will notify BCB in writing.
11. **Photographs and right to use:** Photos may be taken and used by BCB for promotional purposes, without payment or compensation to me. Such photos are and will remain the property of BCB.
12. **Assignment:** BCB may assign or otherwise deal with this Agreement at its sole discretion. I cannot assign any rights under any agreement with BCB without prior written consent of BCB (which may not be unreasonably refused).
13. **Severability:** If anything in this Agreement is unenforceable, illegal or void then it is severed and the rest of this Agreement remains in force.
14. **This Agreement cannot be amended.** If I do amend it my application will be null and void and cannot be accepted by BCB.
15. **I have provided the information required overleaf and signed the form.** I warrant that all information provided is true and correct. **I have read, understood, acknowledge and agree** to the above declaration including the warning, exclusion of liability, release and indemnity.

Signature:

Name:

Date:

Consent

Where the applicant is under 18 years of age this Agreement must also be signed by the applicant's parent or legal guardian.

I,, am **the parent or guardian** of [Applicant]. I expressly agree to be responsible for the applicant's behaviour and confirm that I have read and agree to personally accept the terms and conditions set out in this Agreement including the provision by me of a release and indemnity in the terms set out above.

Signature (Guardian):.....

Name (Guardian):

Date: