

APPLICATION FOR REGISTRATION



1 Studley St, Abbotsford 3067
 p/f: 03 9416 2508
 thelacticfactory.com.au

Surname:.....
 First Name:.....
 Date of Birth:.....Age:.....
 Sex: (Circle) Male Female
 Phone Number:.....
 Street Address:.....
 Suburb:.....Postcode:.....
 Email:.....
 Would you like to receive emails regarding gym events? Yes / No

EMERGENCY INFORMATION

Emergency Contact

Name.....Mobile.....Landline.....
 Name.....Mobile.....Landline.....

Any pre-existing condition that may affect myself or other persons (Please circle)

Asthma Diabetes Epilepsy / Fits Recent Injuries
 Pregnancy Disability Uneven Pupils Migraines
 Heart / Blood Condition Fainting / Dizziness Blackouts
 Specific Description:.....
 Other:.....

Allergies

Describe:.....
 Describe reaction.....

Medication

It is necessary for you or your child to carry their own medication at all times.
 Name of drug:.....
 Dosage.....Frequency.....

Consent To Medical Attention

I agree that if I suffer injury or illness The Lactic Factory can, at my costs, arrange medical treatment, as The Lactic Factory deem essential for my safety.

Signature of Participant:.....Date:.....

Signature of Parent/Guardian:.....Date:.....

I have done the following: (please initial)	Completed this Registration Form
	Completed the Waiver Form
	Read the 'Lactic Factory Rules Sign'
	Read the 'How to Spot Sign'

Privacy Statement – Privacy Act 1998

By completing this form you are supplying The Lactic Factory with personal information about yourself. This information is needed to ensure your safety during your time with us. The Lactic Factory is required to collect this information by our insurance company and by the department of Workplace Health and Safety. This information you provide will not be supplied to any other organisation or used for any other purpose than that which is stated above