

GROUP INTAKE and CONSENT FORM

Health Support Plus PTY LTD

Group Name: **Boxing Fitness Replenish Church**
Venue: **Replenish Church - 54 Kalinga St West Ballina**

Activity start date: **1st August, 2024 for 10 weeks**

For more information please call: Mark Davis Ph: 0460 623 658

Surname	First name	Year of birth	Sex-circle M or F
Address (Suburb)		Postcode	Telephone (M & H) M H
Email address			
Parents/Guardians full name		Phone No.	
Boxing For Fitness Program			
Privacy statement Health Support Plus will collect and store the information you provide to enable processing of enrolments for the program. The information will be provided to staff of the program and supervisors where necessary, and you consent to this disclosure. Any information provided by you will be stored on a database that will only be accessed by authorised personnel and is subject to privacy restrictions. The information will only be used for the purpose for which it was collected.			
Media consent (*) I give permission for images/videos in which I, and/or my child/ward, appear to be used by Replenish Church and Health Support Plus for publications, training purposes and public relations activities. I note that this may include use in print and electronic media, including the Internet and official social media platforms. I understand that the above-mentioned organisations will not be accountable should recipients of the images breach Australian privacy laws and that I will not be able to seek redress under the Privacy Act. I have read and understand this notice, and consent to the collection, use and disclosure of my image as outlined. <input type="checkbox"/> I do not agree			
General Risk Waiver I agree for me or my child/ward to attend Health Support Plus program and to undertake all program activities. In the case of an emergency, I authorise Health Support Plus and Replenish Church staff, where it is impracticable to communicate with me, to arrange for my child/ward to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and medication while my child/ward is attending Health Support Plus program. I understand that although Health Support Plus will attempt to minimise any risk of personal injury within practical boundaries, accidents do happen, and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken as part of the program, and I accept that risk.			
Martial Arts Waiver I understand that there is always a risk of injury when participating in any sport or recreational activity and this is the case when participating in any aspect of Martial Arts generally. For this reason, all activity in Martial Arts (including but not limited to: boxing, Muay Thai, Kickboxing, and Taekwondo) is optional. No student is required to engage in any activity directed by the instructor if they do not wish to do so or if they don't feel up to it. Each student should participate on a safe level to their general health and ability. Students are required to follow any safety directions given by the instructor. Injury may be sustained from any part of any Martial Arts activity because of the physical manoeuvres which are taught in martial arts and sports. The risk of injury to a participant commences from the time they enter an area where a class, training, competition or grading is conducted and ceases only when they leave that area. The general risk of injury increases when participating in any training with another person including non-contact boxing. I agree that I am cleared by a doctor (GP) to participate in the program presented by Health Support Plus and I will make instructor or staff aware of any issues related to physical health and safety that help to keep me safe.			
Permission to attend the above activity			
Name (Parent/ Guardian/self): _____ (print name)			
Signature: _____		Date: _____	
OFFICE USE ONLY			
Date of intake / /	Name of intake worker (Please print)	Signature of worker	