

### Block 1 Class Dates

20 November – 22 December 2023 (5 weeks)

### Session Times each Week

Monday & Friday mornings 9am  
Wednesday nights 6pm

### Cost of Classes – Non Season Ticket holders (amount in brackets)

You choose how many classes you attend (please indicate below)

One (1) session per week \$60 (\$100)  
Two (2) or more sessions per week \$100 (\$180)

***Non-Season Ticket holders must pay \$8 gate entry (included in the price above)***

**A casual rate of \$16 per session is available however bookings per block of sessions are preferred.**

### PARTICIPANT INFORMATION – BLOCK 1

Season Ticket Holder (please circle): YES NO

Session(s) Attending (please circle): Mon - 9am Wednesday – 6pm Fri – 9am

Name: ..... Mobile No: .....

Postal Address: ..... Email: .....

### ADULT PRE-EXERCISE SCREEN TOOL

This tool aims to identify individuals with a known disease, or signs or symptoms of disease, who may be at a higher risk of an adverse occurrence even during physical activity/exercise. This stage is self-administered & self evaluated

*Information filled out on this form is in no way intended to replace professional medical advice. No liability or responsibility will be held by Tatiara District Council for any loss, damage or injury that may occur from any staff member acting on any information contained in this sheet.*

1. Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke? Y / N
2. Do you ever experience unexplained pains in your chest at rest or during physical activity or exercise? Y / N
3. Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance? Y / N
4. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months? Y / N
5. If you have diabetes (type 1 or type 2) have you had trouble controlling your blood glucose in the last 3 months? Y / N
6. Do you have diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise? Y / N
7. Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise? Y / N

**If you answered YES to any of the above questions please seek guidance from your GP or appropriate health professional before undertaking physical activity/exercise**

I believe that all the information contained above is true and correct to the best of my knowledge.

Signature: .....

Date: .....