



Enrolment Form

Name

Date of Birth

Mailing Address.....

Post Code

Phone Gender

Email

Country of Birth First Language.....

Do you identify as Aboriginal or Torres Strait Islander ☐ Yes ☐ No

Do you identify as Culturally and Linguistically Diverse ☐ Yes ☐ No

Please speak with your preferred provider before enrolment to make sure the program is right for you.

Details to be completed by the Instructor at the Assessment:

☐ Stay Strong Tier 1 ☐ Stay Strong Tier 2 ☐ Aqua ☐ Easy Moves ☐ Better Balance

Provider Name:

Assessment Date:

Instructor Name:

Personal information is collected in accordance with Australian Privacy Principles and the COTA SA Privacy Policy (<https://cotasa.org.au/privacy-statement>). COTA SA may contact you in relation to Strength for Life and other programs which may be of interest to you.



Strength for Life

Screening Form

It is recommended that all participants enrolling in a Strength for Life program consult with their GP, to ensure their health can be appropriately managed.

In some situations, a GP Referral must be obtained prior to your first Strength for Life session to ensure your safety when exercising. This may apply if you answer YES to any of the below questions.

Please select any that apply to you:

Yes

- Heart condition (including Angina, cardiovascular disease)
- Neurological condition (including stroke, Parkinson's, MS, MND)
- Unmanaged high or low blood pressure
- Unstable Diabetes
- Respiratory condition (including asthma, emphysema, COPD)
- Sedentary lifestyle (complete lack of regular exercise)
- Back pain requiring treatment
- Joint issues or pain requiring treatment
- Arthritis requiring treatment
- Other medical condition requiring treatment

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Details

For either of the following, a bone density report is required:

- Any history of cancer requiring chemotherapy or radiotherapy
- Any history of Osteoporosis

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Name:

Signature of Participant: Date:

Emergency Contact

Emergency Contact Phone