

Enrolment Form

Name

Date of Birth

Address

Post Code

Phone Gender

Email

Emergency Contact

Emergency Contact Phone

Country of Birth First Language

Do you identify as Aboriginal or Torres Strait Islander Yes No

Which other COTA SA Programs have you utilised?

Are you a member of COTA SA? Yes No

Signature of Participant: Date:

If you have complex or unmanaged medical conditions, you may need to attend a Tier 1 Strength for Life session with an Allied Health Professional. Please speak with your preferred Provider Site prior to Enrolment to ensure they can safely manage any existing conditions.

Details to be completed by the Instructor at the Assessment: Tier 1 Tier 2 Aqua

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.

Screening Form

It is recommended that all participants enrolling in Strength for Life discuss their intention with their GP so that their ongoing health can be managed appropriately.

In some situations, a GP Referral must be obtained prior to your first Strength for Life session to ensure your safety when exercising.

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

Details.

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

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

If you selected YES to any of the above questions, please provide a clearance from a GP, Allied Health Professional, or Specialist. A template can be provided to you by your preferred Provider site, via the COTA SA website, or by contacting COTA SA. Alternatively, a letter from the relevant clinic will be accepted.