



Nordic Walking Proficiency Course

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Course Date: _____ **Course Location:** _____

Name: _____ **Date of Birth:** _____

Postal Address: _____

State: _____ **Postcode:** _____ **Email:** _____

Home Phone: _____ **Work / Mobile Phone:** _____

Your Height (cms): _____ *(Required in order to determine correct pole length)*

Exercise History:

Are you currently participating in any regular physical activity? Yes / No
If Yes, please detail what and how much physical activity you are currently participating in. _____

Medical History:

Have you ever experienced high blood pressure? Yes / No
Have you or anyone in your family suffered from heart disease? Yes / No
Do you currently have a physical injury or any medical condition which may affect your ability to participate safely in any exercise? Yes / No
If Yes, please provide details: _____

Reason for Participation in the Course: _____

I have made my payment for \$88 via:

- Direct Credit - BSB: 033 028, Account: 287 091, Name: Nordic Academy Australia, Reference: *Your Name*
- Cheque - Payable to: Nordic Academy Australia
- Send to Nordic Academy Australia, PO Box 127, Forest Hill VIC 3131
- Money Order - Send to Nordic Academy Australia, PO Box 127, Forest Hill VIC 3131

Liability Release:

I, the undersigned, am physically capable of and there is no undisclosed medical reason to prevent me from safely participating in the above specified Nordic walking training course. I am aware and promise to inform the Nordic Academy trainer/ presenter/ instructor of any medical condition, previous physical injury, or advise them of anything (even if temporary) that may restrict me from participating safely in the course. I willingly participate in this Nordic Academy training course at my own risk. I will not seek to penalise, prosecute or claim compensation from the organisers, presenters or participants of the course for any injury, illness, loss or damage however caused to me arising directly or indirectly from my participation in the course.

Signature: _____

Date: _____