



**nordic academy**  
my training • my success

PO Box 127 Forest Hill VIC 3131 • 1300 791 740 • [www.nordicacademy.com.au](http://www.nordicacademy.com.au)

**REGISTRATION FORM**

Nordic Academy Australia is compliant with the Privacy Act in handling personal information. Nordic Academy holds information to administer its services and uses and discloses it only where required in order to provide their services offered. To request information about Nordic Academy's Privacy Policy or the information held about you, contact head office via e-mail: [info@nordicacademy.com.au](mailto:info@nordicacademy.com.au) or phone: 1300 791 740.

**Course Registering For:** Instructor Refresher  Trainer   
(If both, please tick both squares)

**Course Date:** \_\_\_\_\_ **Course Location:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Work/ Mobile Phone:** \_\_\_\_\_

**Where and when did you obtain your Instructor qualification?**

**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*FOR TRAINER COURSE APPLICANTS ONLY:*

**If you have already completed your Refresher Course, please state where and when you did it:**

**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**What amount and kind of experience have you had as a Nordic Walking Instructor?** \_\_\_\_\_

---

---

---

**Why do you wish to become a Nordic Walking Trainer?** \_\_\_\_\_

---

---

---

**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.

**Checklist:**  I have enclosed my payment (cheque/ money order/ evidence of direct credit bank transfer).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_