



## Training Registration Form

Nordic Academy 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: [training@nordicacademy.com.au](mailto:training@nordicacademy.com.au) or phone: 1300 791 740.

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

**Your 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Professional qualifications currently held:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Present occupation:** \_\_\_\_\_

**Reason for participation in the course:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- Checklist:**
- I have enclosed evidence (copies) of my prerequisite qualifications
  - I have enclosed payment of \$470 (cheque/ money order/ evidence of direct credit bank transfer  
Bank details: WESTPAC; Nordic Academy Australia; BSB 033 028; Acc 287 091).

### 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:** \_\_\_\_\_