

## AJ Connect Program Enrolment Form

### Program Details

Program: _____	Term: _____
Start date: _____	Day/time: _____
Surname: _____	First name: _____
Date of birth: _____	Home phone: _____
	Mobile: _____
Email: _____	
Address: _____	
Suburb: _____	Postcode: _____
Emergency contact: _____	
Contact number: _____	Relationship: _____

### Program Terms and Conditions

1. Term	The term of membership is for the duration of _____ weeks.	<input type="checkbox"/>
2. Refunds	Refunds may be provided where a medical condition precludes further participation and a medical certificate is provided.	<input type="checkbox"/>
3. Re-enrolment	Participants will not automatically be re-enrolled at the end of the term. A new program enrolment form must be completed for each enrolment term.	<input type="checkbox"/>

### Exclusion of Liability

The City acknowledges that certain laws (e.g. the Australian Consumer Law) imply terms, conditions or warranties into contracts for the supply of goods or services that cannot be excluded. Nothing in this document is intended to exclude or restrict the application of such laws. Subject to that limitation and to the extent permitted by law, the City (on behalf of itself and its officers, servants and agents) excludes any liability to the member in contract, tort, statute or in any other way for any injury, damage or loss of any kind whatsoever (including, without limitation, any liability for direct, indirect, special or consequential loss or damage), sustained by the member or for any costs, charges or expenses incurred by the member arising from or in connection with this contract and/or the services/products provided by the City (or its officers, servants or agents) at the Aqua Jetty, and/or any act or omission of the City (or its officers, servants or agents).

### Collection Notice

The City of Rockingham is collecting your personal and health information for the purpose of assessing your suitability to participate safely in the AJ Connect fitness program and to support staff in managing any health considerations during your involvement. It may also be used for secondary purposes which would be reasonably expected. We may share this information with health care providers in order to obtain medical or emergency treatment for you should it be required while participating in the program. If you choose not to provide your personal and health information, we may be unable to safely provide access to the AJ Connect fitness program. To access, correct or learn more about how we handle personal information, please contact [privacy@rockingham.wa.gov.au](mailto:privacy@rockingham.wa.gov.au) or visit [rockingham.wa.gov.au/privacy](http://rockingham.wa.gov.au/privacy).

I understand and accept the above conditions of membership.

Parent/guardian  
signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff signature: \_\_\_\_\_

Staff  
name: \_\_\_\_\_