

Clinical Exercise Enrolment

Bellbird Sports & Spinal
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Applicants's Information

First Name: Surname:

Email:

Address:

Suburb: Postcode:

Telephone (BH): (AH):

Date of Birth:

Emergency contact: Contact number:

Are you claiming from an insurance company? If yes which company?

Medical Information

	Current Problem	Past Problem	Never	Comment
Back pain or problem*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Neck pain or problem*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Arthritis or joint problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	Yes	No		
Recent surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Asthma**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Diabetes**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Dizziness or history of falls**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
High or low blood pressure**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Heart condition/surgery** (or any kind of chest pain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Pregnant or post-natal***	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Other medical condition** (eg Osteoporosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	

* if you have a current back or neck problem a physiotherapy assessment is required prior to attending, if you have a past problem it is highly recommended.

** if you have a medical condition it is advisable to have a medical check-up prior to commencing, this may be required in some circumstances.

*** if you are pregnant or less than 3 months post natal a more detailed Pregnancy Questionnaire will be forwarded to you.

I agree that Bellbird Sports & Spinal is in no way responsible for the safekeeping of my personal belongings while I attend class. I understand that classes may be physically strenuous and I voluntarily participate in them for my enjoyment with full knowledge that there is risk of personal injury, property loss or death. I also agree that should any medical conditions or injuries change that I will inform the physiotherapist prior to the class commencing or during the class if the change occurs during a class and complete another Clinical Exercise Questionnaire. I will also only use equipment as demonstrated by the instructor. I understand that the session is supervised by a physiotherapist and if I choose to use the equipment without a physiotherapist supervision then I do so at my own risk. I agree that in the event I attend class exhibiting even minor cold or flu symptoms I will be instructed to leave. I understand that Bellbird Sports & Spinal use an online class booking program and I will be sent my username & password via email.

Signature _____

Date:

Admin use only

Admin:	Initial
Invoiced & sent:	_____
M.B. Acc Setup:	_____
M.B. details sent:	_____
M.B. Hx:	_____
Scanned into FD:	_____
Finalised:	_____

Liability signed: Yes / No
 Suitable for group classes: Yes / No
 Physio screening initials: _____

Clinical Exercise Classes Enrolment Form

Term 3: Monday 13th July to Friday 18th September 2020

Payment details (Payment is required to secure your place in class)

You may choose to pay directly rather than complete this payment section

Total amount payable

(You will only be charged when one of your preferred classes has been allocated)

Cash or EFTPOS (Only payable at reception)

Mastercard

Visa

Card number

Card holders name

Expiry date

Signature of card holder _____

Refund/cancellation policy. Please note there is a cancellation fee equivalent to the cost of three classes. Only classes after the date of cancellation are refundable.

Please use the drop down lists below to number your preferred classes in order (1 is 1st priority). If none of your preferences are available we will contact you.

I would like to enrol in

Day	Time	Class	Instructor	Fee	Preference
Monday	9:15- 10:00am	Nucleo Rehab	Patrick Au	\$295.00	
	6:15-7:00pm	Nucleo Rehab	Patrick Au	\$295.00	
	7:00-7:45pm	Flow, via Zoom	Melanie Fox	\$169.00	
Tuesday	9:15- 10:00am	Nucleo Rehab	Andrew Cobb	\$295.00	
	10:05-10:50am	Nucleo Rehab	Andrew Cobb	\$295.00	
	5:30-6:15pm	Nucleo Rehab	Laura Anderson	\$295.00	
	7:10-7:55pm	Nucleo Rehab	Laura Anderson	\$295.00	
Wednesday	5:35-6:20pm	Nucleo, via Zoom	Andrew Cobb	\$169.00	
	6:25-7:10pm	Nucleo Rehab	Andrew Cobb	\$295.00	
	7:15-8:00pm	Nucleo Rehab	Andrew Cobb	\$295.00	
Thursday	9:15-10:00am	Nucleo Rehab	Andrew Cobb	\$295.00	
	5:45-6:30pm	Nucleo Rehab	Melanie Fox	\$295.00	
	6:35-7:20pm	Nucleo Rehab	Melanie Fox	\$295.00	
	7:25-8:10pm	Nucleo Rehab	Melanie Fox	\$295.00	
	8:15-9:00pm	Nucleo Rehab	Melanie Fox	\$295.00	
Friday	9:15-10:00am	Nucleo Rehab	Patrick Au	\$295.00	
	10:10-10:55am	Spring into Action	Kathy Brooks	\$295.00	

Were you referred to these classes by another participant?

If yes, who?:

- Current clients get first priority for available places
- 6 hours notice is required to be eligible for a make up class
- Classes & Make up classes can be cancelled & booked online
- Class times and instructors are subject to change

- Maximum of 2 make up classes per enrolment per term
- Unused classes expire at the end of term
- Class places are limited to 10 people
- Remember to wear clean socks while doing your Nucleo Rehab workout