

Tea Tree Plaza Mall Walking Group Inc.

Come and join the Tea Tree Plaza Walking Group for a regular walk in Westfield's TTP Shopping Centre.

TTP Walkers are a friendly group who walk in a safe, flat, climate-controlled environment.

We are interested in promoting health and well-being with gentle exercise done at your own pace.

We walk each Tuesday and Friday.

Registration and sign in at 7.15am

Warm up and walk starts at 7.30am

Cool down and stretching from 8.10am

Session ends at 8.30 am

Coffee with your new friends

Meet in the Lower Level Food Court near Myers.

Cost is \$3 per walk with a discount if you buy a 10 (\$25) or 20 (\$50) walk card. (First walk is free!)

There is a one-off joining fee of \$10.

For more information call **Bron on 0402 449 258** or just turn up.

Please complete the enrolment form and bring it along to your first session!

TEA TREE PLAZA MALL WALKING GROUP INC
Registration and Membership Form

Name: _____ Date of Birth: _____

Address: _____ Postcode: _____

Phone: _____ Mobile: _____ Email: _____

How did you hear about us? _____

Emergency contact: _____ Phone No: _____

Regular Doctor's Name: _____ Phone No: _____

Medical conditions:

- | | | |
|---|--|--|
| <input type="checkbox"/> Asthma /Breathing problems | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Back problems |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Osteoporosis |
| | <input type="checkbox"/> Joint/Knee problems | <input type="checkbox"/> Other health conditions |

Details:

Current Medications:

I understand that Mall Walking instructors and/or the Management Committee intend to take all safety precautions necessary including calling an ambulance in a critical emergency, but cannot accept any responsibility for personal injury or loss or damage to personal property.

Accordingly, I release Mall Walking instructors and/or the Management Committee from all liability in relation to personal injury or loss or damage to personal property sustained through my participation in Mall Walking.

I understand the health information contained in this form will be treated as private and confidential and will only be shared as necessary to ensure my wellbeing while walking. I agree to notify Mall Walking instructors of any changes in my health or medications.

I hereby apply for membership of the Tea Tree Plaza Walking Group Inc.

Applicant's signature: _____ Date: _____

<u>Membership fee pd</u>	<u>Data entered</u>	<u>Start Date</u>	<u>ID Number</u>