

Cardinia Leisure

Mums & Bubs Exercise Program - Enrolment Form

Term : _____ Year : _____

Please select a program:

MONDAY- Strength/Cardio THURSDAY- Wellness/Core BOTH -

Mother's full name: _____ Mother's DOB: __/__/__

Child's full name: _____ Child's DOB: __/__/__

Address: _____

Postcode: _____

Phone No. HOME: _____ MOBILE: _____

Email: _____

Emergency contact details

Name: _____ Phone No: _____

- I am physically fit enough to participate in physical exercise.
- I have had my six (6) week post-natal check-up and clearance from my doctor.

Please note that if the above requirements are not met, you will not be able to participate in the Mums & Bubs Exercise Program without a medical clearance.

Terms & Conditions

Refunds may be provided where:

- Participation in the Mums & Bubs Exercise Program is not able to be continued because of a medical condition and a medical certificate is provided.
- The Mums & Bubs Exercise Program is cancelled.
- Missed sessions cannot be transferred to another term.

Signature: _____

Date: _____

Office use only:-----

Staff Name: _____ Receipt Number _____

Amount \$ _____