



Enrolment Form 2024

Groups and/or Fee for Service

Personal Details.			
Please answer all questions and print clearly.			
<input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs	First name	Surname	Date of Birth / /
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Address:		
	Suburb:	Postcode:	
Home phone:		Mobile:	
Email:		Would you like to subscribe to our mailing list? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Allergies/Medical Conditions:			
Emergency contact details			
Emergency contact name:		Relationship to you:	
Phone number:		Mobile number:	

Group or activity you are enrolling in-please tick <input checked="" type="checkbox"/>				
Walk n Talk <input type="checkbox"/>	Chair Exercise <input type="checkbox"/>	Zumba <input type="checkbox"/>	Yoga <input type="checkbox"/>	Art <input type="checkbox"/>
Craft <input type="checkbox"/>	Chelbara Singers <input type="checkbox"/>	Bayside Book Club <input type="checkbox"/>	PC Users <input type="checkbox"/>	Other <input type="checkbox"/> _____

Social media/Photos

I DO / DO NOT (Please circle appropriate answer)

Allow photographs/videos of me to be taken, or any of the written work that is completed as part of my classes at Longbeach Place, to be used for display on TV screens, webpages or brochures/posters, video/audio, newsletters, newspaper articles or Annual Reports.

Volunteering

I would like to know more about Volunteering opportunities at Longbeach Place.

Signature:

Date: / /