

**ABLEBODYNESS**

4 TURNBULL DRIVE

TOLGA QLD 4882

TEL (07) 4095 5020

<b>SURNAME:</b>	<b>TITLE:</b>	<b>NAME:</b>	<b>DATE OF BIRTH:</b>
<b>ADDRESS:</b>			
<b>Telephone number:</b>		<b>Medicare Number:</b>	
<b>Mobile number:</b>		<b>Ref</b>	<b>Expiry</b>
<b>Private Health Insurance:</b>		<b>HCC/Pension number:</b>	
		<b>Expiry</b>	
<b>PERSON TO CONTACT IN CASE OF EMERGENCY – NEXT OF KIN</b>		<b>Name:</b>	
		<b>Tel nbr:</b>	
<b><u>CONFIDENTIAL INFORMATION</u></b>			
<b>Past/Old injuries:</b>		<b>Current injuries:</b>	
<b>Surgical Operations/Hospitalisation:</b>		<b>Contraindications to exercise:</b>	
<b>Current Complaint:</b>		<b>Goals:</b>	

**Release/Indemnity – I the undersigned agree that I am participating in a physical activity of my own free will. In the event of injury or death as a result of such activity I release Raymond Leslie McHenry – ABLEBODYNESS to the fullest extent from damages, loss or injury. I understand that the activities I am participating in requires a level of fitness, which I feel I am ‘fit’ enough to undertake.**

<b>CONSENT TO TREATMENT</b>	<b>Patients Name:</b>	<b>Witness signature:</b>	<b>Date:</b>
<b>PATIENTS/Parent or Guardian SIGNATURE:</b>	<b>Parents/Guardians Name:</b>		