



Program Registration

Physical Activity Leader Network Program

Name of Leader:		Contact Number:	
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Class 1			
Class Type	<input type="checkbox"/> TCA		<input type="checkbox"/> TCO
	<input type="checkbox"/> Gentle Exercise		<input type="checkbox"/> Aqua
Open to Public?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
This is a...	<input type="checkbox"/> new class	<input type="checkbox"/> new information for existing class	<input type="checkbox"/> annual registration

Class 2			
Class Type	<input type="checkbox"/> TCA		<input type="checkbox"/> TCO
	<input type="checkbox"/> Gentle Exercise		<input type="checkbox"/> Aqua
Open to Public?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
This is a...	<input type="checkbox"/> new class	<input type="checkbox"/> new information for existing class	<input type="checkbox"/> annual registration

Day		Time	
Name of Venue			
Venue Address			
Co-Leader Name			
Co-Leader Phone			
Group start date			

Day		Time	
Name of Venue			
Venue Address			
Co-Leader Name			
Co-Leader Phone			
Group start date			

- Please complete the risk assessment form and return with this registration to ensure you are covered by MLHD insurance.
- I give permission for Health Promotion to use the information regarding my classes for promotional purposes, including uploading of class details to the NSW Health: Active and Healthy Website.

I, _____ on this day _____ agree the above information to be correct and true regarding my class/es. My signature below demonstrates my commitment to deliver the program within the requirements of the program as stated within the Leaders Kit. Signed: _____

PLEASE RETURN TO

Active Ageing Coordinator, MLHD Health Promotion, Reply Paid 87711, ALBURY, NSW 2640
 Fax: 02 5843 1286; Email: mlhd-exercise@health.nsw.gov.au