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## Participant enrolment form

### What is Living Longer Living Stronger?

Living Longer Living Stronger is an affordable, safe and effective strength and balance training program for older Tasmanians.

The program is delivered by accredited providers and instructors across Tasmania.

### Need help filling out this form?

If you need assistance completing this form, please visit your local Living Longer Living Stronger provider. You can also contact the Living Longer Living Stronger Coordinator, Luke Summers, by phone on 0477 038 230 or by email at [lukes@cotatas.org.au](mailto:lukes@cotatas.org.au)

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For more information visit:

[www.cotatas.org.au/lls](http://www.cotatas.org.au/lls)



## Living Longer Living Stronger: participant enrolment form

First name	Last name
Preferred name (optional)	
Email address	Phone number
Date of birth <i>(day/month/year)</i>	Gender (optional)
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Home address	
Street address:	
City, town or suburb:	
State or territory:	
Postcode:	

Are you a concession card holder? <i>Please tick all options that are applicable and/or tick 'other' and provide details</i>	
<input type="checkbox"/>	Pensioner Concession Card
<input type="checkbox"/>	Low Income Health Care Card
<input type="checkbox"/>	Other (please provide details below)
Details for 'other':	

Emergency contact <i>(full name)</i>	Phone number
Doctor <i>(full name)</i>	Phone number

<b>Current level of moderate or high intensity physical activity</b> <i>Please tick the appropriate option that reflects your current level of physical activity each week</i>	
<input type="checkbox"/>	I currently do <b>less than 150 minutes</b> of moderate or high intensity physical activity per week.
<input type="checkbox"/>	I currently do <b>150 minutes or more</b> of moderate or high intensity physical activity per week.
<i>Moderate or high intensity physical activities are those that are sufficient to raise your breathing rate. This could include sports or other exercise, such as brisk walking or cycling.</i>	

## Self-evaluation of suitability to undertake exercise

If you answer 'YES' to any of the following questions, then **you must consult a medical practitioner or allied health professional before undertaking exercise.**

<b>Please tick the appropriate box ('YES' or 'NO') for each question</b>	<b>YES</b>	<b>NO</b>
Has your medical practitioner ever told you that you have a heart condition or have you ever suffered a stroke?	<input type="checkbox"/>	<input type="checkbox"/>
Do you ever experience unexplained pains or discomfort in your chest at rest or during physical activity/exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Do you ever feel faint, dizzy or lose your balance during physical activity/exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
If you have diabetes (type 1 or 2), have you had trouble controlling your blood sugar (glucose) in the last 3 months?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any other conditions that may require special consideration for you to exercise?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If you answered 'YES' to any of these questions, then you must consult a medical practitioner or allied health professional before undertaking exercise.</b>		<input type="checkbox"/>
<b>If you answered 'NO' to all questions, then you can undertake exercise, provided there are no other health conditions that would make it unsafe for you to do so.</b>		

*The self-evaluation questions outlined above were adapted from the Adult Pre Exercise Screening System, which is endorsed by Fitness Australia, Exercise and Sports Science Australia (ESSA) and Sports Medicine Australia (SMA).*

**Reason for enrolment**  
*Please tick all options that are applicable or tick 'other' and provide details*

<input type="checkbox"/>	Improve strength
<input type="checkbox"/>	Improve balance
<input type="checkbox"/>	Improve cardiovascular health
<input type="checkbox"/>	Improve overall health
<input type="checkbox"/>	Improve body composition (e.g. increase muscle and decrease fat)
<input type="checkbox"/>	Social interaction
<input type="checkbox"/>	Recommendation from a doctor or allied health professional
<input type="checkbox"/>	Other (please provide details below)
Details for 'other':	

**Assumption of risk**  
*Please tick this box to confirm your assumption of risk*

<input type="checkbox"/>	I assume the risk of, and the responsibility for any injury, illness, death or damages that may result from participating in the Living Longer Living Stronger program and undertaking exercise.
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<b>Signed</b> <i>(participant signature)</i>	<b>Date</b> <i>(day/month/year)</i>
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