



DEADLY SISTA GIRLZ ABORIGINAL CORPORATION  
PROGRAM REGISTRATION FORM

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NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

Phone (h): \_\_\_\_\_ Phone (w): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Email 2: \_\_\_\_\_

I preferred to be contacted by (please circle)

Email                  Phone/Mobile                  SMS (txt)                  Mail                  Other

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Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact will be added to DSG mobile phone in addition to yours in case of emergency.

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Are you of Aboriginal or Torres Strait Islander decent?

Aboriginal

Torres Strait Islander

Non-Aboriginal

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## TERMS AND CONDITIONS

### PRIVACY

In accordance with the amendments to the Privacy Act 1988, Deadly Sista Girlz Aboriginal Corporation is committed to handling your personal information in a responsible manner. We are committed to respecting the privacy of individuals through ensuring the security of personal information about them.

You can request to see your personal information maintained by our Secretary/Contact Officer by making a written request to Deadly Sista Girlz Aboriginal Corporation. DSG welcome any changes to your details, so that we can keep our Corporation records up to date.

### CONFIDENTIALITY

As a member of Deadly Sista Girlz Aboriginal Corporation I must treat all confidential information given to me, or learnt during my membership with Deadly Sista Girlz Aboriginal Corporation with respect and not disclose any information to external clients that is not a member of Deadly Sista Girlz Aboriginal Corporation.

By signing this form I hereby understand the conditions above not to disclose any confidential information, I understand that the conditions of this understanding exist in perpetuity should cease my membership of Deadly Sista Girlz Aboriginal Corporation.

_____	_____	_____
Name	Signature	Date

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### MEDIA RELEASE

Deadly Sista Girlz Aboriginal Corporation promotes ongoing marketing in health, fitness and wellbeing programs and activities to maintain a positive profile in their local communities and in line with funding submissions. These initiatives have usually involve images of members of DSG utilised in all forms of media, including newspapers, radio, television and internet websites. Common methods of publication include brochures, newsletters, newspapers, radio and television advertisements, promotional DVD's (photographs and or recorded images). Some promotional images may also be used to promote DSG on the DSG website, Facebook page and Coffs Community Connect website hosted Coffs Harbour City Council.

### Authorisation

I authorise Deadly Sista Girlz Aboriginal Corporation to take and use photographs, video or sound recordings of me (print name) \_\_\_\_\_ and use in any promotional and media purpose for Deadly Sista Girlz Aboriginal Corporation.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian (if under 18): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Indemnity Release:**

1. I request and consent to Deadly Sista Girlz Aboriginal Corporation and any 'company' that they may utilise coordinating a health and fitness exercise program (program) consisting of Physical Based Activities.
  
2. I am physically capable of and there is no medical reason to prevent me from undertaking the program activity.
  
3. I am aware that I must inform the trainer/instructor immediately of any adverse changes occurring during the program such as fatigue, shortness of breath, chest discomfort, dizziness, fainting, etc... I am aware that failure to inform the trainer could lead to possible injury and or illness to myself.
  
4. I am aware that the program will involve physical activity and the use of equipment. I am aware that there is a risk in any physical activity and risk in the use of equipment may lead to possible injuries. I voluntary accept this risk.
  
5. I am aware that it is a condition of the company conducting the program that its trainers and/or instructors are absolved from all liability for any injury, illness, death, damage and/or loss howsoever caused, including if it was caused by the negligence of the company or its instructors arising out of the program, the facilities and equipment.
  
6. I accept the condition mentioned in 5 above and hereby waive, release and forever discharge the company and its trainers/instructors from all liability from injury, illness, death, damage and/or loss howsoever to me including if it was caused by the above-mentioned persons, arising out of the program, the facilities and equipment use for the program.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date