

**OFFICE USE:** 

Details Entered

## **CASUAL VISITS**

<b>CONTACT DETA</b>	AILS			
Title:		Gender: 🗌 M	☐ F ☐ Other: _	Prefer not to disclose
Full Name:				D.O.B:
Phone:		_ Mobile:		_
Email Address:				_
ASSOCIATION  Public				
LTU Community	Staff Number or La Trobe Stud	ent Number:		_
LTU Student	La Trobe Student No:			_
Senior				
STAY IN TOUCH	H?			
I would like to stay	up to date with La Trob	e Sport News, Closures	, Updates etc.	
YES please	☐ NO thank you	,	, <b>,</b>	
HOW DID YOU	IFAD ADOUT HOS			
	HEAR ABOUT US?			
Referral	Internet Search	Social Media	☐ Friends	Other:
<ul> <li>All patrons attendir</li> <li>Patrons who have be prior to commencir</li> <li>In the interest of pagication from the complex properties of the prior to commencir</li> <li>In the interest of pagication from the complex properties of</li></ul>	ng any physical activity.  Introns' safety and enjoyment,  Intre, suspension, or terminal  Inteles, signs, staff instructions  Inteles, staff	Il need to register their visits or more, or are over 35 years or management will not tolerate tion of membership. It and codes of conduct within worn at all times. It and stored. Use electronic devices for recomposite Sports Centre, Indoor Sports be Sport facilities under the inabel.  of La Trobe Sport and of other other code.	with Reception. If age should seek me unruly or disruptive all facilities. Cording or capturing in Centre, Sports Park a nfluence of alcohol, il ers and will be liable f	edical clearance from their General Practitioner behaviour. Such behaviour may result in mages. and Sports Stadium. llicit drugs and/or medications that states
Conditions above.	e details provided are a			d and agree to the Terms and
orginature.		r	arento oignatule	
Date:		С	)ate:	
				(signature of a parent required, if you are 18 and under)

Visit Recorded

Visit Registered

File Form