## **PERSONAL TRAINING / FITNESS GROUP APPLICATION**

Please read the Personal Trainers & Fitness Group Policy before completing this form



1. APPLICANT'S DETAILS										
Orga	inisation									
ABN										
Contact Name										
Address			Street							
			Suburb				State		Postcode	
Contact Details			Work				Mobile			
			Email							
Would you like to be listed on			the Western Sydney Parklands Website?				No Yes			
2. ACTIVITY DETAILS										
Туре	of Personal Tr	aining Activity	/:							
Average Group size: (max. 18										
Day of Week			Start Time		End Time	Pr	Preferred Zone (refer to map)			
e.g.	Monday		6am		8am	Zc	ne A			
1										
2										
3										
4										
5										
3. PERMIT DETAILS										
Duration (select one only)		26 weeks 52 weeks								
Start Date										
End Date										
Permit Type (select one only)		Single Trainer Multiple Trainer (Valid for companies only, roster must be provided identifying trainer for each session)								
3. SUPPORTING DOCUMENTS										
	(required)	Attached is a copy of my Certificate of Currency for Public Liability Insurance								
	(required)	Attached are copies of each trainers Senior First Aid Certificate								
	□ (optional)	Attached are	Attached are copies of each trainers registration with Fitness Australia							

I understand that use of Western Sydney Parklands facilities is subject to the Terms and Conditions of Hire. I agree that as a condition of using the Parklands, I must abide by the terms and conditions, *Western Sydney Parklands Regulation 2019* and any reasonable requests of an Authorised Trust Officer and failure to comply may result in the cancellation, refusal or alteration of my booking at the discretion of the Trust.

I have read and understood the Personal Trainers and Fitness Group Policy and agree to adhere to the conditions and terms of this policy.

I acknowledge that if my application is approved, I will use the park in accordance with the terms and conditions or any reasonable request from an Authorised Trust Officer.

Applicants Signature:

Date:

## Email completed application to bookings@wspt.nsw.gov.au