

ADVENTURE

Experience the wonders of the bush and improve your fitness!

SWIM SPORT & LEISURE

WATERWORLD
CNR MELB & COX RD
NORLANE 3214
TEL 03 5275 1909

LEISURELINK
REYNOLDS RD
BELMONT 3216
TEL 03 5243 9595

SPLASHDOWN
COPPARDS RD
WHITTINGTON 3219
TEL 03 5248 4555

**BELLARINE AQUATIC &
SPORTS CENTRE**
Shell Road
TEL 03 5256 2111



ADVENTURE

(Formerly known as Adventure Transformation)

Forrest, The Otways - 28 March, 2009

(Bookings need to be finalised by 9pm, Wednesday 18 March, 2009)



ADD SOME ADVENTURE INTO YOUR LIFE!

Experience the wonders of the bush and improve your fitness.

WWW.SSL.GEELONGAUSTRALIA.COM.AU
ADVENTURE@GEELONGCITY.VIC.GOV.AU



ABOUT ADVENTURE

ADVENTURE is a bushwalking program where you can experience the wonders of the bush while improving your fitness. Hiking leaders will guide and look after you while you set out on your journey.

WHAT DOES ADVENTURE INCLUDE?

- Get back to nature and exercise through picturesque scenery
- Experience the mind, body, health and fitness benefits that comes from exercise
- Low intensity and high fat burning
- Increased cardio-vascular and muscular endurance
- Learn new skills - navigation, bush craft, plus much more
- Improved self esteem and confidence
- Meet people with similar interests
- Lots of fun!

DO I NEED TO BE FIT?

You need to be medically fit to complete a walk. Please contact the hiking leader, Joe Ma by emailing adventure@geelongcity.vic.gov.au if you are unsure if this hike is suitable.

WHAT GEAR/EQUIPMENT DO I NEED?

Footwear is the most important item. If you have hiking shoes that would be ideal. If not, gym shoes with good grip and support/trail shoes would suffice. A small day pack, that can carry water and nibbles required. Windproof/water proof jacket and or pants are recommended but not essential. Hiking poles/trekking poles are also recommended but not essential. Gators and/or long pants are also highly recommended. Equipment can be purchased from Anaconda / Snowgum / Mountain design / Rays or any sport shoe retailer.

LEVELS

General

Suitable whether young or older. All levels catered for, we go only as fast as the slowest person. You just have to be medically fit.

Intermediate +

Must check with the hiking leader if you are eligible. Walking level will be either more strenuous, a faster pace, loose rocks, steeper hills and / or longer in duration.

NEXT SESSION DETAILS

WHEN

Saturday 28 March, 2009

WHERE

Forrest, The Otways.

TRANSPORT IS PROVIDED

Pick up times: Waterworld – 7am (sharp!), Leisurelink – 7:15am (sharp!)

WALK DESCRIPTION & DISTANCE / TIME

Total distance: 18.5 km. Approx 6 hours.

Starting in Forrest, the route will take in a meandering Barwon river in its infancy before overlooking the West Barwon dam. From here, a gradual climb offers views along the East arm of the dam before dropping into a lush fern valley and meeting Lake Elizabeth. This naturally formed lake from a landslide many years ago is a hidden gem of the Otways. A loop around the lake shows contrasting aspects of the forest valley and water system that feeds the lake. A short climb out of the valley brings us back to Kangalang rd and an easy return to the Forrest township.

COST

\$45 - SSL members / past participants / COGG employees. \$55 for non SSL members.

Bookings need to be finalised by 9pm, Wednesday 18 March, 2009. Contact the hiking leader directly on adventure@geelongcity.vic.gov.au if wanting to enroll after **Wednesday 18 March, 2009.**

IS THIS WALK FOR ME?

This walk is deigned for **intermediate** levels and above and is not suitable for beginners, however would be suitable for those that are used to walking regularly. Anyone that suffers from a fear of heights, has below average balance, is not a regular walker, unfit, or is unsure would need to contact the hiking leader first. If you are unsure if this walk is suitable for you, please contact your nearest SSL centre for more information or contact Joe Ma, the hiking leader by emailing adventure@geelongcity.vic.gov.au

An enrolment form which includes the medical questionnaire must be completed.

MEDICAL INFORMATION

Name _____ Date of Birth _____

Please answer Yes or No to the following questions

1. Have you previously provided a medical questionnaire to SSL in the last year with no further changes to the original? (if you answered **yes**, there is no need to complete the following questionnaire or provide a new medical certificate) Yes / No

(if answered **no above**, please complete the following)

2.1 Are you 45+ years of age? Yes / No

2.2 Are you over 35 years of age & not accustomed to regular vigorous exercise? Yes / No

2.3 Do you have a heart condition or ever had heart trouble? (Stroke, Heart Attack, Bypass Surgery, pains in the heart or chest) Yes / No

2.4 Has your doctor ever said your blood pressure is too high? Yes / No

2.5 Do you often feel faint or have spells of dizziness? Yes / No

2.6 Has your doctor ever said that you have a bone, joint or muscular problem, such as arthritis that has been aggravated by exercise or might be made worse by exercise? Yes / No

2.7 Do you have any back problems? Yes / No

2.8 Are you asthmatic? Yes / No

2.9 Are you epileptic? Yes / No

2.10 Are you diabetic? Yes / No

2.11 Do you use any medication? Yes / No

2.12 Are you pregnant / trying to get pregnant? Yes / No

2.13 Are there any other physical reasons not mentioned above which may cause serious harm by exercising? Yes / No

Comments/Notes _____

If you answered YES to one or more of the section 2 questions, please obtain a medical certificate from your doctor prior to attending an Adventure Program. If you already have a medical certificate on file at a SSL center that will suffice.

ENROLMENT FORM

HOW DID YOU HEAR ABOUT THE PROGRAM?

Previous Participants Friend Website Centre Signage Leisure News
 Staff promotion (name) _____ Other _____

PERSONAL DETAILS

SURNAME _____ FIRST NAME _____

ADDRESS _____

SUBURB _____ POST CODE _____

PHONE (H) _____ (W) _____ (M) _____

EMAIL _____

MEDICAL INFORMATION

Is your Medical Questionnaire attached? Y / N
Is your Medical Certificate attached? Y / N (if applicable)

EMERGENCY CONTACT DETAILS

(1) Name _____ Phone _____

(2) Name _____ Phone _____

PRIVACY STATEMENT

The City of Greater Geelong takes no responsibility whatsoever for any injuries that may be sustained during the course. In the event of an injury or accident, I give permission for the centre management to seek medical attention if required.

SIGNATURE _____ Date _____

PAYMENT DETAILS

bookings need to be finalised by by 9pm, Wednesday 18 March, 2009. or contact the hiking leader after this date - on adventure@geelongcity.vic.gov.au

Please select which applies below:

<input type="checkbox"/> SSL Member	Member No:	Which Centre:	\$45
<input type="checkbox"/> CoGG Employee	Employee No:	Which Department:	\$45
<input type="checkbox"/> Past Participant			\$45
<input type="checkbox"/> Non-member			\$55

Taken payment by (Staff Name) _____ Date _____