

**Full Throttle Give Back Program
Application Form**



Name: _____ DOB: ___ / ___ / _____ Age: _____
Email: _____ Phone Number: _____
Address: _____

Please select which program you are applying for:

- GiveBack Youth (under 25yrs) GiveBack General

What would this membership mean to you?

What barriers have you faced with accessing a gym in the past? (e.g. financial, past experiences, etc.): _____

Why should we consider you for this membership?

If successful, what do you hope to get out of the membership?

(Please circle)

Would you commit to using the membership for the full duration (e.g. 12 months) Yes / No

Do you have any injuries, illnesses, etc. that may impact your ability to train? Yes / No

Do you give consent for us to share your name and/or photo/s? Yes / No

Do you have any concerns about getting to the gym on a regular basis? Yes / No

Do you have any people or organisations that are supporting you (e.g. a case worker)?

Yes / No *(please complete details below if applicable)*

Name: _____

Organisation: _____

Contact number (if you consent for us to contact them): _____

Do you have any additional comments?

Please submit applications to admin@fullthrottetraining.com.au.

Thank you and good luck with your application 😊