



## GUEST MEMBERSHIP APPLICATION

### Contract

(for Single visits and up to 4 weeks)

<b>Applicant</b>	Name			
	Address			
	Address		Suburb:	Post Code:
	Phone	Mobile		Please circle: • Male • Female
	Email	DOB		
Emergency Contact Name				
Emergency Contact Number				
<b>Application Date</b>		<b>End of Cooling Off Period</b>		
<b>Start of Cooling Off Period</b>		<b>7 days after application date</b>		
<b>Referral Source:</b> <b>(Please tell us how you heard about the gym)</b>		(e.g. friend, Facebook, newspaper, poster...)		

I hereby give permission to Kyogle Together to contact me on the above contact details.

I apply to become a temporary member of Kyogle Community Gym, ABN 16 530 482 569, of Kyogle Showground, Summerland Way, Kyogle, NSW 2474 / PO Box 751 Kyogle, NSW 2474 (the "**Fitness Business**") on the basis of this application ("**Visitor Membership Application**") and the attached membership terms and conditions ("**Terms and Conditions**") and the attached rules ("**Fitness Centre Rules**") which together form the contract between us ("**Contract**").

You acknowledge and agree that:

- a. You are medically sound and fit to undertake a normal course of exercise,
- b. You have provided Kyogle Community Gym ("KCG") with accurate information regarding your general health and any medical history that would impact on your ability to participate in exercise at the KCG Centre when you use the Centre facilities
- c. You are using the KCG facilities at your sole risk and responsibility and you are aware that exercise is physically demanding and participation in some activities may pose a risk to your health.
- d. You do not require an induction

**I acknowledge and accept the Terms and Conditions.**

**SIGNED:**

\_\_\_\_\_

Name of Applicant

**DATED:**

For members aged 14–17 years old, parent or guardian must sign: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

**Office use only (please tick) Form complete**

- Visitor membership
- Pre-screen check complete
- Concession card sighted if applicable
- Proof of age sighted if under 18

**Membership processed by (name):**

# ADULT PRE-EXERCISE SCREENING TOOL

This screening tool does not provide advice on a particular matter, nor does it substitute for advice from an appropriately qualified medical professional. No warranty of safety should result from its use. The screening system in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by Exercise and Sports Science Australia, Fitness Australia or Sports Medicine Australia for any loss, damage or injury that may arise from any person acting on any statement or information contained in this tool.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male  Female  Date: \_\_\_\_\_

## STAGE 1 (COMPULSORY)

AIM: to identify those individuals with a known disease, or signs or symptoms of disease, who may be at a higher risk of an adverse event during physical activity/exercise. This stage is self administered and self evaluated.

Please circle response

1.	Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?	Yes	No
2.	Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?	Yes	No
3.	Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?	Yes	No
4.	Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?	Yes	No
5.	If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months?	Yes	No
6.	Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise?	Yes	No
7.	Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise?	Yes	No

IF YOU ANSWERED 'YES' to any of the 7 questions, please seek guidance from your GP or appropriate allied health professional prior to undertaking physical activity/exercise

IF YOU ANSWERED 'NO' to all of the 7 questions, and you have no other concerns about your health, you may proceed to undertake light-moderate intensity physical activity/exercise

I believe that to the best of my knowledge, all of the information I have supplied within this tool is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

