

MEMBERSHIP APPLICATION

OFFICE USE ONLY

Card #: _____
M'Ship: GYM/POOL
Type: AD/CON/FAM/CORP/OP
Promotion: TERM/DIRDEB/STAFF
Term: _____ mths Staff: _____
Comm Date: ____/____/____
Entered by: _____
Date: ____/____/____

PERSONAL DETAILS

Mr/ Mrs/ Ms/ Miss/ Dr **Name:** _____ Male/ Female

Phone: _____ Mobile: _____ Email: _____

Address: _____ Suburb _____ P/Code: _____

Date of Birth: ____/____/____ Age: _____ Occupation: _____

Emergency Contact (Name): _____ Phone: _____

Did someone refer you to our club? If so, who?: _____ Phone: _____

Are you a member of the Dubbo RSL Memorial Club? (it is a requirement that you must be a member of the RSL club to join the Health Club) **Yes / No**

BANK DETAILS ~ REQUIRED ONLY FOR DIRECT DEBIT MEMBERSHIPS

(Please choose one)

BANK ACCOUNT DETAILS

Name of Bank: _____ Name on Card: _____

BSB Number: _____ Account No: _____

CREDIT CARD DETAILS

OR

Visa /Mastercard /(please circle)

Card No: _____

Name on Card: _____ Expiry Date _____

I understand that this membership is for a minimum of 6 MONTHS from commencement date or 12 MONTHS for off-peak and corporate memberships, and cannot be cancelled before this term has been completed.

The Terms & Conditions for direct debt have been provided and I have signed my Direct Debit contract detailing the duration and terms of my membership.

After the minimum term has been completed, Direct Debit memberships can only be cancelled by completing a cancellation form at reception, giving at least 30 days notice. .

Signed: _____ Date: _____

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MEMBERSHIP/PRO-RATA FEE

Amount \$ _____ Rec: _____

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HAVE FILLED OUT DIRECT DEBIT CONTRACT (tick)

MEDICAL QUESTIONNAIRE: Please tick where answer is Yes

Have you had or do you have:

- | | | | | | |
|------------------------------|--------------------------|-----------------|--------------------------|-----------------------------------|--------------------------|
| Glandular Fever | <input type="checkbox"/> | Gout | <input type="checkbox"/> | Any heart condition | <input type="checkbox"/> |
| Rheumatic Fever | <input type="checkbox"/> | Stroke | <input type="checkbox"/> | High cholesterol | <input type="checkbox"/> |
| Dizziness or fainting | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> | Clots/ blocked arteries | <input type="checkbox"/> |
| Stomach/Duodenal Ulcer | <input type="checkbox"/> | Hernia | <input type="checkbox"/> | Blood pressure > 140/90 | <input type="checkbox"/> |
| Liver/Kidney condition | <input type="checkbox"/> | Arthritis | <input type="checkbox"/> | Asthma/Diabetes | <input type="checkbox"/> |
| <u>Other</u> | <input type="checkbox"/> | | | | |
- (please give details below)

Are you on prescribed medication? (please give details below)

Any pain or major injury to the following areas:

Neck Knees Shoulder Back Ankles Other (please specify) _____

Are you a **male over 35** or **female over 45** and unaccustomed to vigorous exercise?

Has a family member **under 60** ever had **heart disease, high cholesterol** or **stroke**?

Have you been hospitalized in the last 12 months? Do you smoke?

Do you have any infections or infectious diseases? Are you pregnant?

Have you given birth in the last 6 weeks? Are you dieting /fasting?

Please give details of conditions, medications and date

If you are over 45 (males) or 50 (females) OR have ticked anything in BOLD above, Please take this form to your doctor for clearance prior to commencing an exercise program OR Sign below if you have already cleared any conditions with your doctor.

Signed.....

Staff.....

Please Note: Full Assessments are included in your membership, where an instructor will conduct a thorough medical evaluation.

RULES & REGULATIONS:

- * **Shoes** are compulsory in gym, cardio & aerobics room. No thongs or sandals. A towel **MUST** be used during gym, cardio and aerobic sessions, for hygiene reasons.
- * Members using the gym **must** replace weights after use, or incur the wrath of gym staff!!
- * **There is no admittance to class after commencement, due to the risk of injury.**
- * The **minimum age** for access to gym or aerobics is **14 years**. Members under 14 are only permitted to use the pool or cardio if they have an authorised programme or are supervised by an adult/guardian.
- * **If you are under 16 year of age you are not permitted to use the sauna of steam room.** If you are of age and are using these facilities please let staff know upon arrival.
- * Membership cards must be swiped upon entry.
- * Memberships may be suspended if you are sick or are going away. The minimum term is **2 weeks** up to a cumulative maximum of **3 weeks for a 3 month membership 6 weeks for a 6 month membership or 12 weeks for a 12 month membership.**
- * Memberships cannot and will not be backdated.
- * Membership is not refundable after 7 days from commencement, and within this period a 10% cancellation fee applies
- * Corporate memberships new and renewal **MUST** be signed up on the same day.
- * **Ask staff advice regarding a suitable exercise program. If you suffer any illness, injury, condition or excessive body change after commencement of membership we can request a new medical form to be completed by your doctor before allowing you to continue using the facilities.**

STATEMENT:

I recognize the instructors are not able to provide me with medical advice regarding my medical fitness and that this information is only given as a guideline to the limitations of my ability to exercise. I have answered all questions to the best of my ability and understand the advice, rules & regulations above. I accept full responsibility for any injury or accident that may occur as a result of my participation in an exercise program or class at The Dubbo RSL Aquatic & Health Club.

Signed.....Date.....Staff.....