



# ACTIVE KIDS

## Membership Application Form

Guardian's Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

First Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Second Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ (A/H): \_\_\_\_\_ (B/H) \_\_\_\_\_ (Mobile)

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ (A/H): \_\_\_\_\_ (B/H) \_\_\_\_\_ (Mobile)

What school does your child attend? \_\_\_\_\_

How did you find out about us? Please circle: School newsletter From a friend Facebook Other \_\_\_\_\_

### Children's Pre-Exercise Screening Tool

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.

Please circle response

1. Diagnosed medical condition such as diabetes, heart disease, stroke, high blood pressure, cystic fibrosis, asthma, cerebral palsy, breathing or lung problems or any other chronic conditions?	Yes	No
2. Experience of any abnormal episodes such as seizures, fainting, heat-stroke?	Yes	No
3. Muscle, bone or joint problem?	Yes	No
4. Neuromuscular difficulties such as brain or spinal injuries?	Yes	No
5. Sensory issues such as vision, hearing, speech, balance?	Yes	No
6. Allergies?	Yes	No
7. Other medical reason/condition which might prevent the child from participating in an exercise program?	Yes	No
8. Medications currently taken, the purpose of the medication any known side-effects?	Yes	No

IF YOU ANSWERED 'YES' to any of the above questions, you will be required to obtain a medical clearance from your GP or appropriate allied health professional **prior** to undertaking physical activity/exercise.

IF YOU ANSWERED 'NO' to the above questions, and you have no other concerns about your health, you may proceed with physical activity/exercise.

#### To be read and signed by parent/guardian:

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

I will inform Aquamoves of any changes to my child's health immediately.

I have been informed and understand the service that is to be provided and give permission for my child to commence the exercise program.

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



# ACTIVE KIDS

<b>Membership Terms and Conditions</b>		
	These terms and conditions apply to your new/current membership at the time of purchase and for the duration of your membership. Renewing members will be required to agree to new terms and conditions as outlined on the Membership Renewal Form.	Please initial:
1	Your child's membership card must be presented to reception staff on entering facility. If you are unable to present your card to reception staff and you require a replacement card, a \$7.00 fee will apply.	.....
2	All Active Kids memberships have a three month minimum contract. \$100 cancellation fee will apply if wanting to cancel with the three months.	.....
3	Suspension of memberships – Will only be granted when a medical certificate is provided and is for a minimum of one week.	.....
4	Refunds and cooling off periods – All requests for refunds within the first seven days of joining will be honoured in full, providing the facilities and services have not been used. If the membership has been used during the first 7 days then the applicable costs will be deducted from the refund entitlement. All terms and conditions of the membership are binding after seven days. After this time a refund will only be approved where: <ul style="list-style-type: none"> <li>• A medical condition precludes further participation and a medical certificate is provided.</li> <li>• A refund will be calculated for the unused portion of the membership less a 20% administration fee.</li> </ul> Management reserves the right to cancel or suspend a membership at any time and if so will refund any unused portion less 20% administration fee.	.....
5	Terms and Conditions - The terms and conditions as listed on this form apply to the member's current membership and will remain valid until expiry of the current membership. Renewing members will be required to agree to new terms and conditions as outlined on the Membership Renewal Application form.	.....
6	Changes to conditions – The terms and conditions of the member's current membership may be changed at the discretion of management. One month's written notice will be given detailing such changes.	.....
7	Price increases – The Centre will give members one month's written notice of any price increases. This excludes special offers or promotions.	.....
8	Centre Rules - Members are required to abide by all centre rules and any requests by centre staff. Failure to abide by these rules will result in suspension or cancellation of membership.	.....
9	Threats or inappropriate gestures of a verbal or non-verbal nature towards other patrons or staff will not be tolerated. Persons behaving in this manner will be escorted from the Centre. Incidents will be dealt with by management and may result in suspension or cancellation of membership.	.....
10	I acknowledge that during such times whilst on the centre's premises both my property and my person shall be at my own risk and I will not hold the centre or its instructors liable for any personal injury or loss of property, whether caused by negligence of the centre, its servants or agents.	.....
11	I warrant that my child is physically and medically sound to proceed with exercise. If at any time their physical status changes, I must inform Aquamoves staff.	.....
12	Aquamoves Management reserves the right to ask for a Medical Clearance.	.....
13	I acknowledge that I have read these 'conditions of membership' and agree to abide by these.	.....
14	As all Active Kids members are under the age of 16 they are required to have the Membership Application form signed by their parent or legal guardian. The parent or legal guardian may be held responsible for any breaches of the membership terms and conditions. The parent or legal guardian may also be required to provide consent to enable the person to participate in physical activities, the emergency contact details on the front of this form must be completed for this purpose.	.....
15	<i>Privacy Statement - The personal information contained in this document is to provide contact information/medical details for individuals wishing to use Aquamoves' facilities. This information may be disclosed to other areas of Aquamoves, Council, medical practitioners or other third parties should there be an issue or medical emergency, and in accordance of the Information Privacy Act 2000.</i>	.....

**I have read and understood the membership conditions stated and agree to abide by them.**

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Receptionist's Signature: \_\_\_\_\_