

Membership number: *(staff use only)* \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ Town: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_ (A/H): \_\_\_\_\_ (B/H) \_\_\_\_\_ (Mobile) \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_ (A/H): \_\_\_\_\_ (B/H) \_\_\_\_\_ (Mobile) \_\_\_\_\_

### Adult 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. Are you currently pregnant or have you given birth in the past eight weeks? I am currently ___ weeks/months prenatal/postnatal (please circle). <b>Medical advice recommended before commencing an exercise program.</b>	Yes	No
2. Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?	Yes	No
3. Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?	Yes	No
4. Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?	Yes	No
5. Have you had an asthma attack requiring immediate medical attention at any time over the last twelve months?	Yes	No
6. If you have diabetes (type one or type two) have you had trouble controlling your blood glucose in the last three months?	Yes	No
7. 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
8. 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 above questions, **excluding question one**, 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.

### How did you hear about us? (Please tick)

The Adviser <input type="checkbox"/>	The Shepparton News <input type="checkbox"/>	Television <input type="checkbox"/>	One FM <input type="checkbox"/>
96.9 Star FM <input type="checkbox"/>	95.3 3SR <input type="checkbox"/>	School Newsletter <input type="checkbox"/>	Referred <input type="checkbox"/>
E-mail <input type="checkbox"/>	Special Promotion <input type="checkbox"/>	Other <input type="checkbox"/>	

**Refer a friend?** Is there a friend you would like to exercise with? We can contact them for you!

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Mobile: \_\_\_\_\_ Best time to contact them: \_\_\_\_\_

# What is your motivation for joining Aquamoves as a member?

Please tick all the boxes which apply to you.

Motivation Type	
Weight loss	<input type="checkbox"/>
Cardiovascular fitness	<input type="checkbox"/>
Muscle gain/strength	<input type="checkbox"/>
Improved mobility/flexibility	<input type="checkbox"/>
Stress relief/mental health/wellbeing	<input type="checkbox"/>
Improve swimming/confidence in the water	<input type="checkbox"/>
Injury rehabilitation	<input type="checkbox"/>
Sports specific training/pre-season	<input type="checkbox"/>
Social connection/enjoyment/fun	<input type="checkbox"/>



<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.
1	A membership may only be used by the person completing the Membership Application Form. Under no circumstance may a membership be shared. If a member is found to be sharing a membership then a centre ban will be enforced on all parties involved.
2	Your 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, an \$8.00 fee will apply.
3	Members and guests are required to wear wrist bands when using Spa, Sauna or Hydrotherapy facilities. The wrist bands will be fitted to customers' wrists at reception. Under no circumstances will bands be given to members to be fitted later.
4	Suspension of memberships – Only applies to 6 and 12 month memberships with a minimum of seven days. A suspension period of 1 month applies to 6 month members, and 2 months for 12 month members. An \$8.00 administration fee is payable at the time of requesting the suspension. Student memberships may only be suspended when a medical certificate is provided. <b>Suspensions must be requested in writing and cannot be back dated unless a medical certificate is presented.</b>
5	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.
6	Upgrades and downgrades – A member may upgrade and downgrade a membership to a different type. For example you can upgrade a one unit membership to a three unit membership or an off-peak membership to a general membership. A form is available at reception. If you are upgrading your membership, a fee will be calculated and an instalment will be added to your membership to be paid over the counter immediately. Additional time is calculated and added to your membership when you downgrade. Changes to membership length are only available during the cooling off period. After the 7 day cooling off period, the length of membership is binding.
7	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 form.
8	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.
9	Price increases – The Centre will give members one month's written notice of any price increases. This does not apply to new programs or additional services introduced. This excludes special offers or promotions.
10	Special Offers and promotions - Current members will be able to take advantage of special offers and promotions, however the member's current membership must expire within one month of the special offer or promotions end date.
11	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.
12	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.
13	Members and guests are not permitted to conduct their own personal training or coaching sessions to other members and guests of the Centre.
14	LIABILITY - I acknowledge and agree that to the extent permitted by law, the Centre, Aquamoves, and Greater Shepparton City Council ("the Council") shall not be liable or responsible for any direct, indirect or consequential injury, loss or damage whatsoever and however arising out of my use of the centre. Further, I acknowledge that Aquamoves and the Council are not responsible for lost or stolen items or damage to property or vehicles. I agree to use the centre at my own risk. INDEMNITY - I agree to indemnify and keep indemnified Aquamoves and the Council, their servants, agents, and each of them from and against all actions, costs, claims, charges, expenses, penalties, demands and damages whatsoever which may be brought or made or claimed against them, in connection with my use of the centre. My liability to indemnify Aquamoves and the council shall be reduced proportionally to the extent that their act or omission contributed to the loss or liability.
15	I warrant that I am physically and medically sound to proceed with exercise. If at any time my physical status changes, I must inform Aquamoves staff.
16	Aquamoves Management reserves the right to ask for a Medical Clearance.
17	I acknowledge that I have read these 'conditions of membership' and agree to abide by these.
18	Persons under the age of 16 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.
19	<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.**

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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