

Membership Form

PERSONAL INFORMATION

Surname: _____ Name: _____

Gender: _____ Date of Birth: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

EMERGENCY CONTACT DETAILS

Primary contact name: _____

Relationship: _____

Mobile: _____ Secondary number: _____

MEMBERSHIP DETAILS

- | | |
|--|--|
| <input type="checkbox"/> All Access - 12 Months | <input type="checkbox"/> Weekly Direct Debit - Active Month (DD) |
| <input type="checkbox"/> All Access - 12 Months Concession | <input type="checkbox"/> Weekly Direct Debit - Active Month Concession (DD) |
| <input type="checkbox"/> All Access - 6 Months | <input type="checkbox"/> Weekly Direct Debit - Results 12 Months (DD) |
| <input type="checkbox"/> All Access - 3 Months | <input type="checkbox"/> Weekly Direct Debit - Results 12 Months Concession (DD) |

Membership start date: _____

Frequency of cost: _____

Pro rata amount due: _____

If you have selected a direct debit membership, please note that once the minimum term has been reached, billing will continue as per the frequency and membership cost, unless the member has completed a membership cancellation form giving 30 days' written notice of cancellation.

Please initial here to confirm your understanding: _____

If a member is under 18, this form must be signed by a parent or guardian.

Parent Name: _____ Parent Signature: _____

Angelo Anestis Aquatic Centre 98C Preddys Road, Bexley North NSW 2207, Tel. (02) 9150 5288

OFFICE USE ONLY:

Member ID: _____ Card issued: Yes No Member added in Links: Yes No

Date entered: _____ Staff initials: _____ Direct debit form complete: Yes No

HEALTH INFORMATION: SELF-ASSESSMENT

Bayside Council requires you (with the assistance of your parent or guardian if you are under 18) to undertake a health self-assessment before you commence using the facilities at the Angelo Anestis Aquatic Centre. Please consider the questions below and seek appropriate medical advice prior to using the facilities if you answer "yes" to any of the questions below. Neither Bayside Council nor its employees, contractors or agents are able to provide you with medical advice and, to the maximum extent permitted by law, no responsibility or liability is accepted by Bayside Council or its employees, contractors and agents for any loss, damage or injury that may arise from any person using the facilities at the Angelo Anestis Aquatic Centre.

1. Do you have a heart condition or have you ever suffered a stroke? Yes No
2. Do you ever experience 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 conditions or concerns that may make it dangerous for you to participate in physical activity/exercise? Yes No
8. Are you currently taking prescribed medication for any condition? Yes No
9. Have you spent time as a patient in hospital (including day admission) for any condition / illness / injury during the last 12 months? Yes No
10. Are you pregnant or have you given birth within the last 12 months? Yes No

If your answer is YES to any of the above questions, please seek guidance from an appropriate health professional or medical practitioner prior to undertaking exercise. Before using the facilities at the Angelo Anestis Aquatic Centre please provide a letter from your health professional or medical practitioner detailing any exercise restrictions or modifications that they recommend for you.

DISCLAIMER

I acknowledge and agree that Bayside Council's employees, contractors and agents, including but not limited to personal training instructors, are not qualified to provide me with medical advice with regard to my medical fitness and that the questions in this form are intended as a guideline to assist me to seek medical advice appropriate to my circumstances before commencing an exercise program. I acknowledge that at all times whilst on Bayside Council premises or under the instruction of Bayside Council's employees, contractors and agents, both my property and person shall be at my own risk. I agree that to the maximum extent permitted by law Bayside Council (and its employees, contractors and agents) will not be liable to me, and I release and indemnify Bayside Council (and its employees, contractors and agents) from and against any liability, for any loss, injury or damage which I may directly or indirectly suffer in connection with my membership and/or my use of the Angelo Anestis Aquatic Centre facilities. I acknowledge that I undertake activities at my own risk. I acknowledge and agree that I must conduct myself at all times in accordance with the policies and procedures notified by Bayside Council to its members. I acknowledge that copies of the policies and procedures are displayed at the facility and are available to me on request.

Signed: _____

Date: _____