

Oatlands Aquatic Centre

Class/GYM Membership Agreement Form



Member Number:

Member Details:			
Name:			
DOB:			
Contact Number:		Mobile:	
Address:			
Suburb:		Postcode:	
Email:			
Medical Considerations:			

Emergency Contact:			
Name:			
Contact Number:		Contact Relation:	

GYM or Class Session Card Options:

- Class Session Passes:**
- 5 Session Pass (17 Years & over) \$65.00
 - 5 Session Pass (Child or Concession) \$45.00
 - 10 Session Pass (17 Years & over) \$120.00
 - 10 Session Pass (Concession) \$80.00

- GYM Session Passes:**
- 10 Session Pass (17 Years & over) \$65.00
 - 10 Session Pass (Concession) \$45.00

*Session Passes have a 6-month expiry from date of purchase.

Direct Debit Membership Options:

- GYM Access Direct Debit: \$20.00
- Pool & GYM Access Direct Debit: \$30.00
- Class & Pool Access Direct Debit: \$40.00
- GYM & Class Access Direct Debit: \$40.00
- Pool, Class & GYM Access Direct Debit: \$50.00

*All direct debit memberships have a 3 month minimum non-cancellation period.

Personal Training:

- 30 minute personal training session \$40.00
- 60 minute personal training session \$65.00

Office Use Only:			
Upfront Payment:	\$	Direct Debit Amount:	\$
Receipt Number:		Date:	
Staff Member:			

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Entry Terms and Conditions

By signing this agreement, you are agreeing that you have sighted, read, understand, and will abide by the following Oatlands Aquatic Centre Policies.

Entry Terms and Conditions – Please tick to confirm

All participants must abide by the “Entry Terms and Conditions” for the Oatlands Aquatic Centre. Management reserve the right to refuse entry or cancel a GYM or Class Card/Membership, without refund, or request any person to leave the premises if that person does not behave in a responsible manner, uses abusive language, is under the influence of drugs and/ or alcohol or does not adhere to general conditions of entry. Every effort will be made to adhere to all published timetables, however the Oatlands Aquatic Centre reserves the right to alter session times, as required.

1. Swim Card Payment Fees

Payment is received in full upfront either via EFTPOS/Cash at the Centre Reception. Swim Cards have 6-month expiry from the date of purchase.

2. Membership Payment Fees

Payment is made via a fortnightly direct debit, which is processed every second Thursday through an external company Payrix. For any failed payments, our financial institution (Payrix) applies a \$4.40 fee. Transaction fees do apply with Payrix that are outside Oatlands Aquatic Centre fees.

Direct Debit memberships have a minimum term of three (3) months. Once the minimum 3 months is up, if you wish to cancel, a cancellation form needs to be filled out 14 days prior to the next payment.

3. Medical Considerations

If you identify with risk factors from our adult pre-screening tool it is a requirement of the Oatlands Aquatic Centre that you provide a doctors certificate of your ability to participate in health and fitness exercise program. This is an important document, which affects your legal rights and obligations. Please read it carefully and do not sign it unless you understand it.

Acknowledgement of risks, injury and obligations:

I acknowledge that the activities I am to undertake have potential dangers and by participating in them, I am exposed to certain risks.

I assume the risks of, and the responsibility for any injury, illness, loss of life or property resulting from participation in any activities.

Release and indemnity to the Oatlands Aquatic Centre:

In consideration of the acceptance of my payment (or guest status) for participating in any activity (and except to the extent that the Centre may be precluded by statute). I agree to release, indemnify the Southern Midlands Council and the Oatlands Aquatic Centre operator, and staff as follows:

- I participate in the activities at my sole risk and responsibility.

By signing this agreement I have read, understood and accept Oatlands Aquatic Centre Entry Terms and Conditions.

Signed By:		Date:	
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Where participant is under 18 years of age:

I, _____ being a parent or legal guardian of the person named on the membership form hereby acknowledge and accept all Oatlands Aquatic Centre Entry Terms and Conditions.

Signature of Parent/Guardian:		Date:	
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ADULT PRE-EXERCISE SCREENING TOOL

This screening tool does not provide advice on 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. Southern Midlands Council can accept no responsibility or liability whatsoever for any loss, damage or injury that may arise from any person acting on statement or information contained in this tool.

Name:		Date of Birth:	
Member Number:			

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?	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?	Yes	No
5.	If you have diabetes (type 1 or 2), 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 7 questions, and you have no other concerns about your health, you may proceed to undertake light-moderate physical activity/exercise.			

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

Signature: _____

Date: _____

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Further Questions:

1.	Have you spent time in hospital over the last 12 months (including day admission for any medical condition/illness or injury)? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details
2.	Are you currently taking a prescribed medication(s) for any medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details
3.	Are you pregnant or have you given birth within the last 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details
4.	Do you have any muscle, bone or joint pain or soreness that is made worse by particular types of activity? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details

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

Signature: _____

Date: _____

Personal Motivation for Membership			
Improve Health		Improve Sports Performance	
Improve Fitness		Weight Loss	
Improve Flexibility		Stress Relief	
Improve Muscle Tone		Improve Strength	
		Injury Recovery	

Personal Preference for Fitness			
Personal Training		Cable Weights	
Boxing		Group Fitness Classes	
High Intensity Training (HITs)		Body Weight Training	
Staying Active (Senior)		Functional Strength Training	
Cardio Equipment		Small Group Training	
Free Weights		Stretching	