



# Wesley College Recreation & Fitness Club

## Membership Application

### General Membership

#### Personal Details

First name:  Surname:  DOB:  /  /

Address:  Suburb:  Postcode:

Tel:  Email:

#### Emergency contact:

Name:  Relationship:  Tel:

#### Health Information

Please indicate your personal medical history with regards to the following and provide further details below

Condition	Yes	No
Heart disease/irregularity	<input type="checkbox"/>	<input type="checkbox"/>
High/low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain	<input type="checkbox"/>	<input type="checkbox"/>
Smoker	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory disorders	<input type="checkbox"/>	<input type="checkbox"/>

Condition	Yes	No
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy/fits	<input type="checkbox"/>	<input type="checkbox"/>
Faints/dizziness	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Back/neck pain	<input type="checkbox"/>	<input type="checkbox"/>
Joint pain	<input type="checkbox"/>	<input type="checkbox"/>

Further details of your condition/s: \_\_\_\_\_

Current medication/s: \_\_\_\_\_

Previous operations: \_\_\_\_\_

\*Doctor's certificate attached:  Yes /  No

\*It is mandatory for anyone who is over the age of 40 and/or who has a history of illness or injury to seek medical approval prior to commencing training at WCRFC

#### Payment

Please note:

- Refer to WCRFC for rates
- Family and Concession discounts are available; please inquire within

#### Payment method:

Total payable: \$ .....<sup>00</sup>

Cheque - made payable to *Wesley College*

Credit card (0.855% surcharge applies)

Name on card:  Mastercard  Visa  AMEX

Expiry date:  /  CSV:

Card number:



## Conduct and Behaviour

Wesley College reserves the right to refuse entry, cancel a membership or request a member to leave the WCRFC premises if the member does not behave in a responsible manner or is under the influence of drugs and/or alcohol. No smoking or food is permitted in the facility.

## Disclaimer of Liability

1. I acknowledge that the information supplied is accurate and it is my responsibility to update this information should circumstances change. The Wesley College Recreation & Fitness Club (WCRFC) accepts no liability for any damage, loss, illness or injury resulting from the use of Wesley College facilities by members or guests howsoever that may have been caused, save for death or personal injury caused by its own negligence. The WCRFC accepts no liability or injury resulting from over exertion, aggravation or repetition of any medical condition caused by the use of WCRFC's facilities. All persons use the facility on the express understanding that it is at their own risk and members and guests are strongly advised to seek medical advice before they begin exercise at the WCRFC
2. To the best of my knowledge, I believe that my state of health and physical condition is such that the proper use of the WCRFC's facilities will not pose any risk to my health and wellbeing
3. I acknowledge and agree that my use of the facilities and equipment of the WCRFC will be undertaken at my own risk
4. Exercise is demanding and there are innate risks associated with exercise programs and the gym environment. I release, indemnify and hold harmless the WCRFC, Wesley College and its staff from and against all and any actions or claims which may be made by me or by my property
5. In the event that I am injured or my property is damaged, I will bring no claim, legal or otherwise, against the WCRFC or Wesley College in respect of that injury or damage
6. I declare that I do not/have not had any illness/injury or claim that would preclude me from participating in the activities associated with this membership
7. I acknowledge that it is my responsibility to complete a risk assessment of all activities to be undertaken as part of this membership to identify any potential hazards and to risk control them, to minimise the likelihood of an injury/illness or claim occurring

Member's signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_