

YOUTH MEMBERSHIPS

@ AQUAMOVES

Application Form

Membership number: *(staff use only)* _____

Guardian's Name: _____ Relationship to Youth: _____

Youth'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) _____

Youth 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 _____

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 HIT FM	<input type="checkbox"/>	95.3 Triple M	<input type="checkbox"/>	School Newsletter	<input type="checkbox"/>	Referred	<input type="checkbox"/>
E-mail	<input type="checkbox"/>	Special Promotion	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>		

What is your motivation for joining Aquamoves as a member?

Please tick all the boxes which apply to you.

Motivation Type	
Social connection/enjoyment/fun	<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"/>
Weight loss	<input type="checkbox"/>



Membership Terms and Conditions		Please initial:
	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	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, an \$8.00 fee will apply.	.....
2	Suspension of memberships – Will only be granted when a medical certificate is provided and is for a minimum of one week.	.....
3	Refunds and cooling off periods – All requests for refunds within the first seven days of joining will be honored 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"> • A medical condition precludes further participation and a medical certificate is provided. A refund will be calculated for the unused portion of the membership less a 20% administration fee. 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.	.....
4	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.	.....
5	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.	.....
6	Price increases – The Centre will give members one month's written notice of any price increases. This excludes special offers or promotions.	.....
7	Centre Rules - Members are required to abide by all center rules and any requests by center staff. Failure to abide by these rules will result in suspension or cancellation of membership.	.....
8	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.	.....
9	I acknowledge that during such times whilst on the center's premises both my property and my person shall be at my own risk and I will not hold the center or its instructors liable for any personal injury or loss of property, whether caused by negligence of the center, its servants or agents.	.....
10	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.	.....
11	Aquamoves Management reserves the right to ask for a Medical Clearance.	.....
12	I acknowledge that I have read these 'conditions of membership' and agree to abide by these.	.....
13	As all Youth 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.	.....
14	Youth Members may access group fitness classes without an adult present (excluding Les Mills GRIT Strength and Les Mills Body Pump). Youth Members may access the pools and Splash Park, however they are not permitted access to the spas, hydrotherapy pool or sauna – you must be 16 years or older to access these facilities. Youth Members can access the gymnasium without a parent/guardian between 3.30pm and 5.00pm Monday to Friday during school terms and between 12.00pm and 5.00pm, seven days a week during School Holidays All other times require a parent/guardian 18 years or older to be present with the Youth Member in the gymnasium.	
15	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.	
16	<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: _____