

| /lembersh | nip number: (| staff use only) | Date | of Birth: | | | _ |
|-----------------------|--|--|-----------------------------------|-----------------------|----------------|----------|-----|
| Given Nar | me: | | Surname: | | | | _ |
| -mail Ad | dress: | | | | | | _ |
| ddress: _ | | | Town: | | Postcode: | | _ |
| Contact Phone: | | (A/H): | | (B/H) | | (Mobi | le) |
| mergend | cy Contact Na | me: | R | elationship: | | | _ |
| Contact Phone: | | (A/H): | | (B/H) | | (Mobi | le) |
| | | Adult Pre- lividuals with a known diseas ysical activity/exercise. | Exercise Screese, or signs or sym | _ | ho may be at a | | f a |
| 1. | I am currently | ently pregnant or have you giv y weeks/months prenatal/ ice recommended before co | postnatal (please c | ircle). | Yes | No | |
| 2. | Has your doo suffered a str | tor ever told you that you hav oke? | e a heart condition | or have you ever | Yes | No | |
| 3. | = | experience unexplained pains cal activity/exercise? | in your chest at res | t or | 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 troub your blood glucose in the last three months? | | | ble controlling | 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? | | | | | No | |
| 8. | | any other medical condition(s) or you to participate in physical | | | Yes | No | |
| you w allied | vill be required health profess | YES' to any of the above quest to obtain a medical clearance ional prior to undertaking phy | from your GP or a | ppropriate se. | | | |
| • | | NO' to the above questions, a ceed with physical activity/exe | • | ier concerns about yo | our | | |
| low did he Adviser | | bout us? (Please tick) The Shepparton News | | Television | | One FM | Ę |
| 6.9 Star FM | И | 95.3 3SR | | School Newsletter | П | Referred | Γ |
| -mail | | Special Promotion | | Other | | | - |
| | | | _ | | | | |
| Refe | er a friend? | Is there a friend you would like | e to exercise with? | We can contact them | for you! | | |
| Name | ۵٠ | | Phon | e number: | | | |

Best time to contact them:

Mobile:

What is your motivation for joining Aquamoves as a member?

Please tick all the boxes which apply to you.

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



| | Membership Terms and Conditions | | | | | |
|---|---|--|--|--|--|--|
| | 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 month, 12 month and direct debit memberships with a minimum of seven days. A suspension period of 1 month applies to 6 month members, and 2 months for 12 month and direct debit 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. Suspensions must be requested in writing and cannot be back dated unless a medical certificate is presented. | | | | | |
| 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: • 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 | | | | | |
| 6 | less 20% administration fee. 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. | | | | | |
| 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 18 | I acknowledge that I have read these 'conditions of membership' and agree to abide by these. 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 | 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 have read and understood the membership conditions stated and agree to abide by them. | | | | | | |
| Member's Signature: Date: | | | | | | |
| Receptionist's Signature: | | | | | | |
| M12 | 2/40971 | | | | | |