

AQUAMOVES

16-17YR OLD

CASUAL GYM VISIT

FORM

Membership number: (staff use only)

Youth's Name _____ Date of Birth: / /

Parent/Guardian Name: _____ Relationship to Youth: _____

Email: _____

Address: _____

Town: _____ Postcode:

Contact Phone:

Emergency Contact Name: _____ Relationship: _____

Contact Phone:

Mobile:

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.

Parent/Guardian Signature _____ Date / /

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

GUARDIAN CONSENT REQUIRED FOR PERSONS UNDER THE AGE OF 18.

Membership Terms and Conditions Management reserves the right to refuse you entry or ask you to leave upon breaching any condition of entry	Parent/ Guardian Please initial:
1. Your child must abide by all Aquamoves conditions of entry including gym, group fitness and aquatics as well as Local Laws and other relevant laws.	
2. All persons wishing to enter Aquamoves must pay the applicable admission fee.	
3. Centre rules - Patrons are required to abide by any requests by staff and all centre rules, including, but not limited to: * Anyone under the age of 18 is not eligible for 20/7 access and may only be in the centre during opening hours when staff are present. * Indecent or offensive behaviour and language will not be tolerated. * Any behaviour that may endanger self or others will not be tolerated. * No person may enter Aquamoves while either intoxicated or affected by illegal drugs. * No person may bring any alcohol or illegal drugs into Aquamoves. * No person may interfere with another person's property. * Smoking/vaping within the Aquamoves building or grounds is prohibited. * Street clothing is not permitted in the gym. * Open-toed shoes or work boots are not permitted in the gym. * No pass outs will be given. * No cameras or video recording devices are to be used within Aquamoves without prior permission from Management.	
4. 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.	
5. 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.	
6. Aquamoves Management reserves the right to ask for a Medical Clearance.	
7. The parent or legal guardian may be held responsible for any breaches of the conditions of entry. As the parent or legal guardian is required to provide consent to enable to child to participate in physical activity, the emergency contact details on the front of this form must be completed for this purpose.	
8. 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 child's 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 that my child will use the centre at their own risk. I acknowledge that my child understands that during such times whilst on the centre's premises both their property and their person shall be at their own risk and I will not hold the centre or its instructors liable for any personal injury or loss of property, whether caused by negligence of the centre, its servants or agents. 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 child's use of the centre. My child's 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.	
9. I acknowledge that my child understands and accepts these 'conditions of membership' and agrees to abide by these.	
10. 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. Parent/Guardian Signature: _____ Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Receptionist's Signature: _____	