



LIFESTYLE PROGRAMS

Enrolment

ID:

Personal Details: Mr Mrs Miss Ms (please circle)

First Name: _____ Surname: _____

DOB: _____ Age: _____ Male Female

Phone (H): _____ Phone (Mob): _____

Email: _____

Address: _____

Suburb: _____ Post Code: _____

Emergency Contact:

First Name: _____ Surname: _____

Relationship: _____ Phone Contact: _____

Medical Questionnaire

1. Are you currently taking any prescribed medicine? Yes No

If yes, please give details: _____

2. Have you had any illness or injuries that may be aggravated by exercise? Yes No

If yes, please give details: _____

Have you ever been diagnosed or told that you are at risk of having the following conditions:

1. High Blood Pressure Yes No 2. Arthritis Yes No

3. Heart Condition Yes No 4. Asthma Yes No

5. Stroke Yes No 6. Diabetes Yes No

7. High Cholesterol Yes No 8. Epilepsy Yes No

9. Heart palpitation Yes No 10. Hernia Yes No

11. Heart murmurs Yes No 12. Dizziness Yes No

13. Chest pains Yes No 14. Osteoporosis Yes No

15. Do you have any other medical conditions that we should be aware of?

TERMS AND CONDITIONS

CLASS ACCESS

No person under the age of 16 is permitted to participate in Lifestyle Programs. Persons between the age of 16 and 18 must have their enrolment form signed by their parent or guardian allowing permission for the patron to attend the program.

No spectators allowed.

All cancellations/credit must be requested in writing and a cancellation fee of \$25.00 will apply unless a medical certificate is provided. Please note, all cancellations are at Management's discretion.

CONDUCT & BEHAVIOUR

Management reserves the right to refuse entry, cancel a membership or request a member or casual user to leave the premises if the member does not behave in a responsible manner, is under the influence of drugs and/or alcohol or does not adhere to the general conditions of entry.

MEDICAL CLEARANCE

Management reserves the right to request a medical clearance prior to the commencement of the program. This will be at the patron's expense.

EQUIPMENT

Any faults or damage to equipment must be reported to staff immediately.

All equipment must be handled appropriately and returned after use.

HOURS OF OPERATION

The centre reserves the right to vary, add or eliminate any facility or service provided by the centre.

CLOTHING ATTIRE

A towel is required at all times.

Suitable shoes and clothing for exercise is compulsory.

The City of Kalamunda will take no responsibility for lost or stolen property.

UNAVAILABILITY OF FACILITY

Facilities or services within the centre may be unavailable at any particular time due to mechanical breakdown, fire, act of God, catastrophe or any other unforeseen reasons. The centre will not be held responsible or liable for such occurrences.

Program: _____

Facility: _____

Commencement Date: _____

Session Times: _____

Amount Due: _____

Payment Type: _____

DISCLAIMER

For the purpose of being allowed to participate in the activities at the City of Kalamunda's Recreation Facilities, I agree to acknowledge and accept the following; Exercise is demanding and there are innate risks associated with an exercise program and the gym environment. Participating in an exercise program at the City of Kalamunda's Recreation Facilities may cause serious injury, paralysis or death. I participate in exercise at the City of Kalamunda's Recreation Facilities at my own risk. I may be obliged to obtain medical advice before I participate in exercise in accordance with the terms and conditions of membership which I have read and understood. It is my responsibility to ensure that valuables and personal effects are safe and that I wear appropriate footwear/safety equipment whilst exercising. I am responsible for any children I bring to the Centre. In the event that I cause loss, damage and/or injury to a third party/third party property and this has resulted due to my negligence, I accept that any costs, losses or liabilities I incur are my responsibility.

I hereby acknowledge having read the Terms and Conditions and agree to abide by the conditions therein. I agree that the information declared above is true and correct and I have read and understand that my rights are limited by this disclaimer.

Signature: _____

Date: _____

Staff Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

If renewing and all Medical Questionnaire answers have not changed please sign below:

Term 2: Signature: _____

Date: _____

Term 3: Signature: _____

Date: _____

Term 4: Signature: _____

Date: _____