

- | | | | |
|--------------------------|----------------------|--------------------------|--------------------|
| <input type="checkbox"/> | Upgrade | <input type="checkbox"/> | Casual |
| <input type="checkbox"/> | Standard Fortnightly | <input type="checkbox"/> | 6 Months Upfront |
| <input type="checkbox"/> | Off-Peak Fortnightly | <input type="checkbox"/> | 12 Months Upfront |
| <input type="checkbox"/> | Staff | <input type="checkbox"/> | 10 Visit O/P |
| <input type="checkbox"/> | 10 Visit Pass | <input type="checkbox"/> | 10 Visit O/P Renew |
| <input type="checkbox"/> | 10 Visit Pass Renew | <input type="checkbox"/> | 5 Complimentary |



BLC Member No:

ABN 84 000 191 248

Pre Exercise Questionnaire and Membership Application Form

Prior to commencing any exercise program you must complete a Pre Exercise Screen in order to assess your suitability to exercise and to assist us in providing you with the correct exercise guidance. This information will be treated confidential and will not be released without your written consent.

1 Member Details - Casual Member New Member Renewing Member Same Details as previous form

Surname: _____ Given Name: _____

Title: _____ Male / Female Preferred Name: _____

D.O.B.: _____ Age: _____

Address: _____ Suburb: _____ Postcode: _____

Home Ph: _____ Mobile: _____

Email address: _____ Languages Spoken: _____

Occupation: _____ Work phone: _____

Do you wish to receive regular Health Club information / updates by email? Yes No

How did you find out about Canterbury Health Club? Please where appropriate

- Other Members Local paper Club Journal Attending Canterbury Yellow pages Yellow pages online Club Website

2 Contact & Emergency Details

Contact Name _____ Relationship _____ Phone No: _____

3 Pre-Exercise Screen

Please where appropriate

- | | Y | N |
|---------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Has anyone in your family suffered Heart disease, stroke, raised cholesterol, or sudden death? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you over 35 (male) and not used to regular exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b. Are you over 45 (female) and not used to regular exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you on prescription medication?
Please specify _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you given birth in the last six weeks? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you been hospitalised recently?
If yes please specify _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Any infections or infectious diseases? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. High blood pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Heart condition or murmur? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Chest pain / Angina / Palpitations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Liver or Kidney condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10b. High Cholesterol / Triglycerides? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Eating disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Glandular disorder / fever? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Fainting / Epilepsy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Rheumatic Fever? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Gout / Hernia? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Stomach ulcers? | <input type="checkbox"/> | <input type="checkbox"/> |

Have you ever had or do you have any condition, pain or major injuries in the following areas which may be reason to modify your exercise program?

18. Arthritis 20. Neck 22. Joints
19. Asthma 21. Back

If yes to any of the above, please specify _____

23. Are you on any type of diet plan?
If yes please specify _____
24. Do you smoke? Yes No
How long _____ How Many _____
25. Disability? Yes No
Details _____
26. Other _____
27. How often do you exercise
 Daily Weekly Never

If you answered "Yes" to any of the above, has the condition been cleared by your Doctor—if not please take this form to your Doctor and ask for a clearance to exercise before commencing any exercise program OR if you have been cleared please sign below

Condition Cleared

Signature: _____

Date: _____

I agree that the information provided by me is true and correct to the best of my knowledge and should my health status or ability to exercise change I agree to inform Canterbury Health Club of these changes for the duration of my Health Club membership.

Signature: _____

Date: _____

4 Office Use only

From: ____/____/____ to expiry date: ____/____/____ Membership signed up by: _____ (Staff)

Paid by: Cash Cheque Eftpos Credit D/Debit Photo Taken Card Given Entered in computer

Canterbury Health Club Terms and Conditions (As of 1st August 2005)

All Members

- Each Member must be a full member of Bulldogs League Club Limited ("League Club") to gain and maintain their membership of the Canterbury Health Club ("Health Club"). Expired League Club members will **not** be allowed entry to the Health Club.
- All Health Club Members must complete a Pre Exercise Screen before participating in any exercise activity within the Health Club.
- Membership commences from the date of purchase and/or Contract signed.
- Health Club Membership cards must be presented on every visit to the Health Club. Entry may be refused if a Membership card cannot be presented.
- Memberships are not transferable or refundable.
- All Health Club Members must be dressed appropriately at all times. This includes appropriate footwear, I.e., joggers. Thongs or sandals of any description will not be permitted entry for safety reasons. No caps or singlets are permitted as per club dress regulations.
- Members cannot be guaranteed a place in the group exercise classes, as numbers are limited for safety reasons. For safety reasons members will not be allowed entry into classes after the warm up has finished. Members are advised to arrive 10 minutes before the commencement of the class.
- Towels must be used on equipment at all times. Towels will be available for hire from reception for a small fee.
- Change room lockers will be provided at no cost to all Health Club Members. There will be a \$10.00 replacement fee for lost keys.
- All Members are required to leave the facilities by the prescribed closing time. Members planning to use the change room facilities after their workout should plan accordingly to ensure they have sufficient time to do this before closing time.
- Management reserves the right to adjust the Group exercise timetable based on demand.
- Management reserves the right to adjust opening / closing times to suit demand.
- Memberships, 10 visit passes or casual visits to gym do not include use of the Squash courts. Normal court hire rates apply.
- Up front 6 and 12 month memberships have a maximum suspension period of 2 and 4 weeks respectively.
- As a courtesy to other members, body deodorant must always be used.

Fortnightly Membership

- All fortnightly members must pay a one off administration fee of \$30.00
- Fortnightly memberships abide by separate terms and conditions as advised.
- The Health Club requires 7 days written notification of any changes to the membership, including cancellations and suspensions.
- Standard Membership includes unlimited use of all Gymnasium equipment including electronic cardio and resistance training equipment, personalized fitness assessment and exercise program, Child Minding, group exercise programs and change room facilities during standard operating hours.
- Health Club members utilising the Crèche may do so for a maximum of 1.5 hrs per day and must sign in and out their child during each booking. Health Club members utilizing the Crèche must stay within the Health Club Facilities at all times while their child is in the Crèche and must also indicate to the carer whether they will be utilising the Gymnasium or participating in Group exercise classes.
- As a courtesy to all members, Health Club Members are asked **not** to bring a child to the Crèche who is sick or capable of passing germs / infection on to other children. Crèche staff have the right to refuse your bookings if they reasonably believe your child / children is at risk to others (for whatever reason).
- Fortnightly memberships can be placed on hold for a maximum of 2 months for any 12 month period.
- Fortnightly memberships continue indefinitely until the member notifies the Health Club to cancel.

Ten Ticket / Casual

- Ten ticket pass holders may only use their tickets for either a Group exercise session or a Gymnasium Session but not both at the same time (one ticket for each and every session).
- Ten ticket passes are **not** transferable and **not** refundable and must be utilised within six months of the purchase date on the pass. Lost passes will **not** be replaced.
- Ten ticket pass holders are not eligible to utilize the Crèche.

**I acknowledge that I have been given the option of
choosing a membership based on a fortnightly billing agreement.**

Recommendation

As per Fitness NSW standards it is recommended that all males over the age of 35 and females over the age of 45 have a medical assessment including an exercise ECG and cholesterol and lipid count. Always read any exercise advice carefully. It is highly recommended that you ask a staff member to guide you into the most suitable class or program. Work at a low level on your first visit and concentrate on learning to do the exercise correctly. Be sure to limit yourself to a pace where you can still talk comfortably. Should you suffer any illness or condition in the future, please tell us so that we may update your files / program and take the opportunity to advise you appropriately.

Indemnity clause

"I recognise that participation in this activity involves the risk of injury to my person or my property. I acknowledge that whilst I participate I do so at my own risk".

I will not hold Canterbury Health Club, Bulldogs League Club Limited, it's staff, management, members, servants, or agents liable for any personal injury or loss of property that I may suffer whether caused by negligence or omission of any of them.

I have read and fully understand the terms and conditions of membership on this application including the indemnity clause and I agree to abide by and accept these conditions while I attend Canterbury Health Club

Signature _____ Staff
Signature _____

Date _____ Date _____