



2019 Corryong Health and Fitness Centre MEMBERSHIP APPLICATION FORM

Please tick ☐ Single Membership ☐ Family Membership (form to be completed by each family member)

<input type="checkbox"/> FULL MEMBERSHIP -		Direct Debit	Cash or Cheque
Entitles you to unlimited access to these classes- <ul style="list-style-type: none"> ❖ Power Bar ❖ Cardio Power ❖ Backs and Bellies ❖ Ultimate Cardio HiiT ❖ Boxfit ❖ Dynamic Circuit 	<ul style="list-style-type: none"> ❖ Back & Bellies (swiss ball) ❖ Spin ❖ Healthy Start ❖ Yoga (free for members as specified on timetable) ❖ Virtual Training ❖ Pilates Cardio Core 	Please tick: <input type="checkbox"/> Single \$30 per month <input type="checkbox"/> Family \$60 per month <input type="checkbox"/> Short term <input type="checkbox"/> Casual class	6 month (\$165) or 12 month (\$330) membership 6 month (\$330) or 12 month (\$660) membership \$35 pp/per week \$10 adults pp/per class \$5 students
As well as anytime access: (outside of class times) <ul style="list-style-type: none"> ❖ Air conditioned / well equipped facility / children's play area ❖ Flexible entry 5am – 11pm ❖ Induction ❖ Training plan and support 		Payments C/- Corryong Health P.O Box 200 Corryong Vic. 3707 or Pay in person at Corryong Health Reception	
BANK DETAILS (for direct debit)			
BSB:		Account No:	
Bank:		Branch:	
Account Name:			
Signature			
<input type="checkbox"/> BASIC MEMBERSHIP – Therapeutic classes only			
<ul style="list-style-type: none"> ❖ Backs and Bellies ❖ Healthy Start ❖ Strong People Stay Young ❖ Tai Chi ❖ Tai Chi (beginners) ❖ Jac's Rehab by referral 	<ul style="list-style-type: none"> ❖ Fit for Life ❖ Cardio Pulmonary Rehab (exercise and education) ❖ Make a Move(Falls prevention) by referral 	\$30 card x 10 classes (\$20 HCC) \$55 x 20 classes (\$40 HCC)	
		<i>Annual admin fee of \$25 - due on membership, then 1st Feb each year.</i>	

MEMBER DETAILS	
Surname:	Given Name:
Title:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Preferred Name:	DOB: Age:
Address:	
Home Phone:	Mobile:
Email Address:	Occupation:
Work Phone:	

CONTACT & EMERGENCY DETAILS	
Contact Name:	
Relationship:	Phone Number:

For more information or **induction** booking, please contact: Gym 60762486 or Corryong Health 60763200

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

PRE EXERCISE SCREEN- Please tick where appropriate		
Describe your current physical activity/exercise levels:	<input type="checkbox"/> Sedentary <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Never
1. Do you smoke? How long _____ How Many _____ Need help to quit?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
2. Has your doctor ever told you that you have a heart condition or have you ever had a stroke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you ever feel faint or have spells of dizziness during physical activity /exercise that cause you to lose balance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. If you have diabetes (type 1 or type 2) have you had trouble controlling your blood glucose in the last 3 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7a. 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? 7b. Do you have any muscle, joint or bone pain or soreness that is made worse by any activity? Please describe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Arthritis <input type="checkbox"/> Back Other (Details _____ <input type="checkbox"/> Joints <input type="checkbox"/> Knees _____ <input type="checkbox"/> Neck _____ <input type="checkbox"/> Shoulders _____		
8. Do you have any other medical conditions that may make it dangerous for you to participate in physical activity/exercise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are you pregnant, or have you given birth in the last 6 weeks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Have you been hospitalised recently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Have you been told you have high blood pressure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Have you been told you have high cholesterol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Have you been told you have high blood sugar?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Please state your Height (cm) Waist (cm) BMI Weight (kg)		
15. Are you currently taking any prescribed medication for medical condition/s? Please list	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Other relevant information that you would like to provide:		

If you answered "Yes" to any of the above, please take this form to your Doctor or other health professional and ask for a clearance before commencing any exercise program.

Condition Cleared : YES / NO Signature: Role: Date:/...../.....

Comments:

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 Corryong Health & Corryong Health & Fitness Centre of these changes for the duration of my membership.

Signature: Date:/...../.....

Informed Consent and Release of Information for Participation in Exercise

What will be involved?

Initially you may be requested to perform a **physical assessment** to assist in determining your current physical status. You will be encouraged to perform to the best of your ability to complete the assessment; however you may stop at any time for any reason. Following this you may be provided with **exercise advice or an exercise program** (either supervised or unsupervised) with a view to assist you in achieving your goals and taking into consideration any health concerns. Your program may incorporate a range of exercises which are intended to challenge your body. You will be given guidance and support to allow you to independently manage the intensity and volume of your program based on how you feel. **You may stop exercising at any time and should stop exercising if you experience any pains, heaviness or tightness in the chest/ back/jaw or arms or if you experience nausea, dizziness, numbness, or shortness of breath.**

Possible risks associated with this program: Your Corryong Health and Fitness Centre trainer will make various efforts to minimise any potential risks. However, you must be aware that exercise has some potential side effects and risks. It is possible throughout the exercise assessment, training sessions or your program that you may experience **abnormal blood pressure, irregular heart rhythm, dehydration, fainting and/or dizziness**. It is also possible that you might seriously injure yourself from the use of exercise equipment, failure of exercise equipment, tripping or falling, or other hazards associated with equipment, moving around while exercising, and your surroundings. In very rare circumstances, it is possible that exercise can cause heart attack, stroke or death.

Your responsibilities:

It is extremely important that any physical or other symptoms that you experience whilst participating in the program are explained to staff, even if you feel that they might not be important. It is also important that you tell your trainer any information you possess about your health status, or changes to your health during the course of your program, **especially those that relate to heart problems including shortness of breath, pain, pressure, tightness or heaviness in the chest, neck, back, jaw, calf area and/or arms.**

By telling your trainer this information you are minimising your risk of injury, complications and death.

It is expected that you will tell your trainer all medications you use, begin to use or cease using (including non-prescription) prior to participation in your initial or regular training sessions. It is also expected that any short term changes to your usual medication regime are reported to your trainer (e.g. forgetting to take your medication one morning).

Release and Indemnity:

I understand all of the information and instructions outlined in this informed consent, have had time to discuss any concerns with a trainer or any other health professional, and considering this, agree to participate in an assessment and program at my own risk. I also agree to release and indemnify Corryong Health and all of its employees from or against any actions or claims arising from any injury, loss, damage or death caused to me.

.....
Signature of Participant

Date: / /

.....
Signature of Staff Member

Date: / /

Training Plan provided/sighted YES/NO

At times Corryong Health and Fitness Centre may take photos / video to be used for promotional purposes in newspaper articles, website, television and radio. I give permission for Corryong Health and Fitness centre to use my image / name in the above promotional outlets listed. Yes/No

Office Use Only:

Membership Period

From: _____

To: _____

Membership signed up by:

Date:

Paid By: ☐ Direct Debit ☐ Cash

☐ Cheque

☐ Eftpos

☐ Card Given

☐ Entered In Computer

☐ Code Given (if applicable)

☐ Induction required YES/NO

☐ Induction date

☐ Staff sign