



SHIRE OF GOOMALLING

Office Address: 32 Quinlan Street, Goomalling

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GYMNASIUM INDUCTION FORM

When taking up occupancy of your property or changing address or contact details, please ensure that this form is completed and returned to the shire via post, in person or email.

MEMBER DETAILS

Given name (s)	
Surname	

INDUCTION CHECKLIST

<input type="checkbox"/> I was given a copy of the gymnasium policy and guidelines	
<input type="checkbox"/> I have signed and completed the gymnasium enrolment form including the medical questionnaire	
I was given an induction of the following	
<input type="checkbox"/> how to warm up	
<input type="checkbox"/> correct equipment usage	
<input type="checkbox"/> how to cool down	
<input type="checkbox"/> how to correctly clean equipment	
<input type="checkbox"/> gym hygiene and etiquette	
<input type="checkbox"/> Appropriate clothing	
<input type="checkbox"/> What to do in case of an injury	
<input type="checkbox"/> Emergency procedures	

GYM INSTRUCTOR SIGN-OFF

Date of induction	
<input type="checkbox"/> All forms completed <input type="checkbox"/> Medical questionnaire reviewed <input type="checkbox"/> member understood information provided	
Induction conducted by	
Name	
Position	
Signature	

MEMBER ACCEPTANCE

I acknowledge received all the information in the induction checklist, and fully understand my responsibilities and expectation as a gym user.

Signature		Date	
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LEGAL GUARDIAN must be complete by parent or guardian over 18 year of age (for applicants under 18)

I acknowledge I am responsible for _____ and I received all the information in the induction checklist, and fully understand my/my child's responsibilities and expectations as a gym user.

Signature		Date	
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