



# SHIRE OF GOOMALLING

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## GYMNASIUM ENROLMENT FORM

### PERSONAL DETAILS

Given Names	
Family Name	
Date of Birth	Age
Postal Address	Gender
Suburb	Post Code
Home Phone	Work Phone
Mobile	Email

### EMERGENCY CONTACT

Name	Phone
Name	Phone

### MEDICAL QUESTIONNAIRE

Date of last medical check	
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Please answer all of the questions below by circling 'Y' for yes or 'N' for no and providing relevant information where requested.

#### PART A – Have you ever suffered, or do you currently suffer, from any of the follow?

- |                                   |     |                            |     |
|-----------------------------------|-----|----------------------------|-----|
| 1. High Blood Pressure            | Y/N | 7. Gout                    | Y/N |
| 2. High cholesterol/triglycerides | Y/N | 8. Stomach/duodenal ulcer  | Y/N |
| 3. Pain/Tightness/chest           | Y/N | 9. Diabetes                | Y/N |
| 4. Rheumatic Fever                | Y/N | 10. Epilepsy               | Y/N |
| 5. Any Heart/Stroke Condition     | Y/N | 11. Liver/Kidney Condition | Y/N |
| 6. Glandular Fever                | Y/N | 12. Respiratory Disorders  | Y/N |

If you answered "YES" to any of the questions in Part A **WE STRONGLY RECOMMEND** you obtain a medical clearance from a physician before participating in fitness activities.

#### PART B- Are you, do you have, or have you had, any of the following?

- |  |     |                                       |     |
|--|-----|---------------------------------------|-----|
| 1. A family history of heart disease , stroke or raise cholesterol | Y/N | 11. Any Major injuries                | Y/N |
| 2. Asthma  | Y/N | 12. Regular headaches                 | Y/N |
| 3. A hernia  | Y/N | 13. Pounding/Palpitating heart        | Y/N |
| 4. Arthritis   | Y/N | 14. Chronic Cough                     | Y/N |
| 5. Back pain   | Y/N | 15. Infectious Disease                | Y/N |
| 6. Muscle pain/cramps  | Y/N | 16. Prescribed Medication             | Y/N |
| 7. Pregnant  | Y/N | 17. Given birth in last six (6) weeks | Y/N |
| 8. Do you smoke  | Y/N | 18. Do you drink alcohol              | Y/N |
| 9. Are you dieting or fasting                                      | Y/N | 19. Do you have any allergies         | Y/N |
| 10. Any other pre-existing medical conditions                      | Y/N |                                       |     |

If you have answered yes to any of the questions in part B you must be off signed off by the gym instructor as fit to attend to Goomalling Gym prior to being issued your membership card

Gym Instructor Name	Signature	Date
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**OFFICE USE ONLY**

Amount paid \$	<b>Annual Fees</b> (price by month paid) for expiry 30 June		
	<b>STANDARD</b> <input type="checkbox"/> Jul \$230 <input type="checkbox"/> Aug \$210 <input type="checkbox"/> Sep \$195 <input type="checkbox"/> Oct \$175 <input type="checkbox"/> Nov \$155 <input type="checkbox"/> Dec \$140 <input type="checkbox"/> Jan \$120 <input type="checkbox"/> Feb \$100 <input type="checkbox"/> Mar \$85 <input type="checkbox"/> Apr \$65 <input type="checkbox"/> May \$45 <input type="checkbox"/> Jun \$40	<b>CONCESSION</b> <input type="checkbox"/> Jul \$153 <input type="checkbox"/> Aug \$140 <input type="checkbox"/> Sep \$130 <input type="checkbox"/> Oct \$120 <input type="checkbox"/> Nov \$105 <input type="checkbox"/> Dec \$95 <input type="checkbox"/> Jan \$80 <input type="checkbox"/> Feb \$70 <input type="checkbox"/> Mar \$60 <input type="checkbox"/> Apr \$45 <input type="checkbox"/> May \$35 <input type="checkbox"/> Jun \$25	<b>PILATES ONLY</b> <input type="checkbox"/> Jul \$115 <input type="checkbox"/> Aug \$105 <input type="checkbox"/> Sep \$90 <input type="checkbox"/> Oct \$80 <input type="checkbox"/> Nov \$70 <input type="checkbox"/> Dec \$60 <input type="checkbox"/> Jan \$50 <input type="checkbox"/> Feb \$40 <input type="checkbox"/> Mar \$35 <input type="checkbox"/> Apr \$30 <input type="checkbox"/> May \$25 <input type="checkbox"/> Jun \$15
	<b>Monthly Fee</b> <input type="checkbox"/> Standard \$40 <input type="checkbox"/> Concession \$25		
Receipt no.			
Card bond paid	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> bond transferred to trust <input type="checkbox"/> card updated on SALTO <input type="checkbox"/> member inducted			

## ACKNOWLEDGMENT OF RISK & DISCLAIMER (please read carefully)

I, (PRINT NAME) \_\_\_\_\_, for the purpose of being allowed to participate in activities at the Shire of Goomalling Community Gym, agree to acknowledge and accept the following conditions of use:

- ❖ If I have any known or medically diagnosed conditions that may adversely affect my ability to participate in gymnasium activities, medical advice and clearance will be obtained PRIOR to applying for gym membership. Any subsequent medical recommendations and/or restrictions will then be strictly adhered to. (The conditions/injuries can include, but are not limited to, sprains, strains, back injuries, previous heart issues, diabetes etc...)
- ❖ I realise it is in my best interest to consult a doctor before engaging in any physical training and will ensure that my health is of an adequate level so as to safely utilise the community gym facilities
- ❖ I am a free agent in choosing to use the gym and am under no obligation by the centre to use its facilities, nor am I being paid to do so.
- ❖ I acknowledge and declare that during such times as I am present on the premises and its immediate surrounds, both my property and my person shall be so at my own risk. I will not hold the Shire of Goomalling (or any of its employees) liable for any personal injury or loss of or damage to property, however caused.
- ❖ I commit to observing and abiding by all rules, regulations and advice within the gym and surrounding complex, inclusive of signage, verbal instruction or email correspondence from the Shire of Goomalling staff.
- ❖ I accept that it is my responsibility to utilise the gym facilities and equipment in a safe manner and to undergo a thorough induction into the appropriate and safe use of all equipment before commencing gym use and seek qualified advice if ever I am in doubt. If I do not observe the policies and guidelines, I acknowledge that I am at risk of serious injury.
- ❖ I acknowledge that the security access key card that I have been provided with, may electronically store all personal details I have supplied on this form, inclusive of membership expiry, and that the key card will cease activation at 11pm on the final day of my membership period. I am also aware that it will electronically record all details of my access to the gym area. I further acknowledge that this key card remains the property of the Shire of Goomalling and must be returned within 3 working days of membership expiry, unless a renewal form is completed with relevant fee paid. I am aware that failure to return my allocated key card upon expiry will result in the Shire of Goomalling issuing an invoice for \$55 as replacement cost for the key card and the same fee will also apply if I misplace, damage or lose my allocated key card and request a replacement to be issued.
- ❖ I will promptly notify the Shire of Goomalling if I perceive any risks or hazards within the gym and surrounds, in order to ensure a safe environment for all gym users. I will fill out the supplied works request forms and place in the managers in tray.
- ❖ I will partake in all necessary gym refreshers courses held and will follow all safety instructions and 'how to' guides.

- ❖ I will not allow any non-members access to the gym facilities or equipment, at any time.
- ❖ All members aged between 16 and 18 years must be accompanied by a nominated inducted responsible adult over the age 25 when utilising the gym
- ❖ I understand that the Goomalling Community Gym is under 24 hour surveillance and I will be recorded when entering and using the facility.
- ❖ I hereby forever release the officers at the Shire of Goomalling from all liability for any and all damaged. I acknowledge that participation is entirely by my own choice and understand the risk of accidental injuries possible from any activity within the gym.

## **WARNING**

Any activity involving physical exercise creates the possibility of accidental injury. The Shire of Goomalling Community Gym and it's equipment is intended for use only by registered, fully paid and inducted members, inclusive of the individual signed below. Gym use without previous instruction is dangerous and should not be undertaken. Before commencing your workout, know your limitations and those of the equipment you plan to use.

## **PRIVACY NOTICE**

The Shire of Goomalling follows the National Privacy Principles set out in the *Privacy Act 1988*, as amended. We are committed to respecting the privacy of individuals through ensuring the security of personal information. The Shire of Goomalling will collect personal information from you in order to provide you with a fitness program. In order to fulfil our obligations under the Privacy Act, the necessary security measures have been implemented to minimise the risk of unauthorised access to, or loss of personal information. In the course of providing service to you, we may use the information for the purpose of rendering services to you, such as introducing new products or services to you. The Privacy Act is not intended to interfere with legal obligations to disclose information for law enforcement and regulatory purposes. Accordingly, we will co-operate with all law enforcement bodies in providing information when required. In each of the above situations, only information that is necessary for each situation would be disclosed. You can request to see your personal information maintained at our office by making a written request to the Shire of Goomalling. We would welcome any changes to your details so as to keep our records up-to-date. The Shire of Goomalling recognises that the law allows you to elect not to provide your personal information. However, please note that by not providing personal information, we may not be able to offer our services to you.

## **DISCLAIMER**

The Shire of Goomalling provides the gym premises and the gym equipment for the sole use of Goomalling Community Gym members only. The Gym operates 20 hours a day, 7 days a week and is unsupervised (closed from 12 midnight to 4am). It is the responsibility of every user to ensure that they are familiar with the Terms and Conditions and are responsible for their own safety. To the extent permitted by law, the Shire of Goomalling disclaims all liability to the user for loss, injury or damage, arising out of, or related to, the use of gym equipment and premises in a way contrary to, conflicting with, or incompatible with, its intended purpose, howsoever arising. The Shire warrants the condition of the equipment as being fit for its intended purpose and of merchantable quality. Gym users must use the equipment in accordance with the Terms and Conditions as displayed in the gym and must not use the gym premises or the equipment for any illegal purposes, modify, or permit and modification of, the equipment in any way. Should there be breakdown or failure of the exercise equipment, the user should inform the Shire of Goomalling as soon as possible.

I will comply with the Goomalling Community Gym Policy and Guidelines and will follow the directions given to me by the Shire staff at all times. I am aware and acknowledge that the activities that I undertake at the Goomalling Community Gym involve possible health and safety risks associated with the physical activities that I undertake. It is my responsibility to ensure my safety at the Goomalling Community Gym, undertake physical activities within my fitness capacity, keep appropriate medical advice from a medical practitioner when necessary and inform the Goomalling community Gym of any relevant medical or health problems that I am currently or likely to suffer from participating in physical exercise. I also consent to receive medical treatment, which may be deemed necessary in the event of injury, accident or illness related to the use of the gym. I acknowledge that I have honestly and accurately disclosed my current medical condition and acknowledge that the Goomalling Community Gym relies upon medical information I have provide. I give permission for the Shire of Goomalling staff to arrange for medical attention or treatment to the best of their judgement, in an emergency situation and to notify the person nominated as my Emergency Contact should an emergency situation occur. I acknowledge that I have read and understood the Goomalling Community Gym Policy and Guidelines that non-compliance with this policy may result in suspension or forfeiture of my permission to utilise the gym.

Name:

Signature:

Date:

*By signing this form you are accepting the conditions as stated above and confirm that the information you have completed in this application form is true and correct.*

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**Persons aged 16 to 18 years may only access the gym when accompanied by their legal guardian or a gym instructor.**

**LEGAL GUARDIAN (must be over 18 years of age)**

By signing this form, I take full responsibility for \_\_\_\_\_ when utilising the Goomalling Community Gym and will accompany them at all times unless they are accompanied by a certified gym instructor. I understand that failure to comply with these conditions will result in automatic cancellation of both my membership and that of the above mentioned child.

By signing this form I acknowledge I am accepting the conditions (on behalf of the child in my care) as stated above and confirm that the information I have completed in this application form is true and correct.

Name:

Signature:

Date: