



Macquarie Fields Leisure Centre
Fields Rd, Macquarie Fields 2564
Eagle Vale
Ph: 4645 4030 Fax: 4645 4037

Eagle Vale Central
Cnr Emerald Dr & Feldspar Rd,
Ph: 4645 4255 Fax: 4645 4258

The Gordon Fetterplace Aquatic Centre
The Parkway, Bradbury 2560
Ph: 4645 4040 Fax: 4645 4046

Membership Agreement

Membership Number

Privacy Statement

The information requested by Council on this form may constitute personal information under the Privacy and Personal Information Protection Act 1998. Council is allowed to collect the information from you to consider this matter. Supplying this information is voluntary. However if you cannot or do not wish to provide the information, we may not be able to consider the matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown.

Title: Mr / Mrs / Ms / Miss First Name: _____ Surname: _____

Address: _____ Suburb: _____

Postcode: _____ Date of Birth: __/__/__ Gender: F / M / Other Are you under 18yrs: Yes No

Telephone: (H) _____ (Mob) _____ (W) _____

Email: _____

Emergency Contact: _____ Emergency Number: _____

Would you like to receive information from us: Yes No (May include announcements, membership offers, promotions, etc This information will only be relevant to Leisure Services programs and Services)

How did you find out about us? _____

Adult Concession New Renewal Casual

Weekly Membership 4 Weekly Membership 3 Monthly Membership 6 Monthly Membership
 12 Monthly Membership Family (12 Month Only) Family (12 Month Only) Additional Member

The above memberships are fixed term contracts. They will expire at the conclusion of the minimum term specified below. If you require fitness services after that time, you will need to enter into a new contract.

Fitness Pass 10 Visit

Direct Debit: The amount of \$_____ will be debited from your nominated bank or credit card account at the end of each calendar month for the next month. Direct debits are a 12 month membership. This is an ongoing contract. The contract will continue until either you or Campbelltown City Council terminates it in a way described in the terms and conditions.

For Corporate Membership Only (Proof may be required)

Name of employee/member: _____ Relationship to Employee: _____

Department/Club: _____ Address: _____

Corporate Membership (6 month membership): Less than 50 members Greater than 50 members

The above memberships are fixed term contracts. They will expire at the conclusion of the minimum term specified in this membership application. If you require fitness services after that time, you will need to enter into a new contract.

Campbelltown City Council Corporate Membership (please select type): Employee OR Direct Family

Select payment method: Payroll deduction (weekly) \$_____ OR Direct Debit (monthly) \$_____

This is an ongoing contract. The contract will continue until either you or Campbelltown City Council terminates it in a way described in the terms and conditions.

Swim Only Membership: 6 Month Season Pass 6 Month Season Pass Family 10 Visits 20 Visits

Please take the time to read the terms and conditions (over and accompanying Terms & Conditions brochure) carefully to ensure you understand all relevant details. You, as the member have 7 days cooling off period whereby you may cancel the contract. If there is something in the terms and conditions that you do not understand please feel free to discuss them with a staff member at any time.

Staff Use Only: Expiry date: _____ Amount Paid: _____ Date: _____

Entered: _____ Date: _____ Signed (Staff person): _____

Proof of identification sighted Photo taken and linked to membership

Pre-Exercise Screening Tool
Indicate Yes or No to all questions.

Has your Doctor ever told you that you have a heart condition or you have suffered a stroke?	Yes	No
Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?	Yes	No
Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?	Yes	No
Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?	Yes	No
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?	Yes	No
If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months?	Yes	No
Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise?	Yes	No

If you answered "YES" to any of the 7 questions, please seek guidance from your GP or appropriate allied health professional prior to undertaking physical activity/exercise.

If you answered "NO" to all of the 7 questions, proceed to stage 2 and 3 for exercise intensity induction.

- This screening tool does not provide advice on particular matter, nor does it substitute for advice from an appropriately qualified medical professional. No warranty of safety should result from its use. The screening system in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by Exercise and Sports Science Australia, Fitness Australia, or Sports Medicine Australia for any loss, damage or injury that may arise from any person acting on any statement or information contained in the above pre exercise screening tool.
- I believe that to the best of my knowledge, all of the information I have supplied within the pre-exercise screening tool is correct. I acknowledge that if my health status changes that I must update this information with Centre staff prior to using the facility.
- I acknowledge that I enter the facility at my own risk. I release and indemnify the facility from all claims, suits, actions or proceedings which I, my heir or executor, may otherwise have arising out of personal injury (including death), loss or damage to property or loss whatsoever which I may sustain in or as a consequence of my entry or participation in the said facility.
- I acknowledge that using the facility including participating in aerobic and other classes is a recreational activity and potentially a dangerous recreational activity and I use such facilities and services and participate in activities of the facility at my own risk.
- I acknowledge that I have been given the option of choosing a membership based on either periodic billing or pre-payment. I have chosen to pay my membership by **periodic billing /pre pay my entire membership fee** (circle whichever applies).
- I acknowledge that Direct Debit Memberships can only be cancelled by completing a cancellation form in accordance with the Terms & Conditions. A minimum of 5 week days' notice prior to the next debit day must be provided to allow for processing. I understand that a direct debit membership is a 12 month ongoing membership, with a minimum contract of 3 months. Payments will continue from my nominated account until a cancellation form along with membership card are returned.
- All memberships include access to all centres and use of gym, aqua and fitness classes, general swimming, sauna and spa (where available).
- Prior to signing this membership application form, I acknowledge that I have read, understood, provided accurate information and agree to abide by the "Terms and Conditions" and "Conditions of Entry".
- It is compulsory for all members to receive an induction of the facility at the time of joining.

MEMBERS SIGNATURE: _____ DATE: _____

IF YOU ARE 17 OR UNDER YOUR PARENT OR GUARDIAN MUST ALSO SIGN HERE: I certify that I am the parent/guardian of the member who is under 18 years of age. I have read the Terms & Conditions and the entrant has my consent to use the Centre in accordance with the declaration above.

Name of parent/guardian: _____ Signature: _____ Date: _____

DATA AND DOCUMENT CONTROL