



# MEMBER DETAILS | TERMS OF AGREEMENT | HEALTH QUESTIONNAIRE

## MEMBER DETAILS:

FULL NAME: ..... DATE OF BIRTH: .....

ADDRESS: .....

PHONE # ..... MOBILE: ..... TAG NO: .....

EMAIL: .....

EMERGENCY CONTACT: Name ..... PHONE #.....

**Do you give permission for Merimbula Health and Fitness to use your image or any written testimonials in our advertising materials and/or social media? Y / N**

## MEMBERSHIP DETAILS:

- Direct Debit** | Weekly | Fortnightly | Monthly admin fee included ( \$ )
- Paid in Full Membership** | 3 Months | 6 Months | 12 Months ( \$ )
- Casual Visit Pass** | 10VP | 20VP ( \$ ) **Visitors Passes** | 5VP | 7VP | 10VP | ( \$ )
- Other** | \_\_\_\_\_ \$ \_\_\_\_\_ FITNESS PASSPORT \_\_\_\_\_

## MEMBERSHIP TERMS AND AGREEMENT

- I am aware that Paid in full memberships and visits passes are **NON-REFUNDABLE AND NON-TRANSFERABLE.**
- I am aware that visit passes incur an expiry date. **10 visit pass - 3 month expiry date:**
- 20 visit pass - 6 month expiry date** (Passes **are not valid** after the expiry date and for **INDIVIDUAL use ONLY**)
- I am aware visitors passes are for **visitors** that do not live in the Bega Shire incurs exp. date and for **individual use only**
- I understand that each 12 month paid in full and direct debit membership option has a minimum suspension of 1 weeks and a maximum suspension period of 6 weeks
- I understand that each 3month and 6month paid in full membership has a minimum of 1 week and a maximum suspension of 4 weeks.
- \$2.00** pw admin fee will be charges for **Direct Debit Only** for suspensions.
- I am aware that membership **SUSPENSIONS** are to be done **7 days** in advance by filling out the relevant forms **within the facility** in PERSON.
- I am aware **CANCELLATIONS** - filling out the relevant forms within the **facility a 2 weeks' notice applies.**
- MHF will not take responsibility for cancellations or suspensions via phone email or social media/No refunds**
- I acknowledge that I use Merimbula Health & Fitness and its services at my own risk and will not hold the club or its staff liable for any injury or loss as a result of my participation in a program or activity.
  - I warrant that I am physically fit and able to engage in the exercise.
  - These Terms of agreement are displayed within the gym for reference.

**I acknowledge and understand the terms and agreements.**

MEMBERS Signature \_\_\_\_\_ Parent / Guardian name (if under 18) \_\_\_\_\_

STAFF Signature \_\_\_\_\_ Date: \_\_\_\_\_

Is there family history of heart disease, stroke, raised cholesterol or sudden death? Y / N

Have you spent time in hospital (Inc. day admission) for any medical condition / illness / injury during the last 12 months? Y / N (Please Specify)

Are you currently taking a prescribed medication(s) for any medical condition(s)? Y / N

1. Do you have, or have had:

- Heart Disease/Condition (Please Specify) .....
- High Blood Pressure Have you been hospitalised recently? **Y/N**
- High Cholesterol
- Diabetes, **please circle** Type 1 or Type 2
- Lung Disorder (e.g. Asthma, emphysema)
- Dizziness / Fainting Do you suffer any back pain? **Y/N**
- Palpitations / Pain in the chest
- Arthritis
- Epilepsy
- Hernia
- Gout
- Glandular Fever / Rheumatic Fever
- Stomach or Duodenal Ulcer
- Liver or Kidney Condition
- Pregnant or given birth within the last 12 months, If yes provide details. I am ..... pregnant or postnatal

Are you a smoker or have you quit in the last 6 months? If currently smoking, how many per day? Regularly?

- Y/N**.....

2. Do you have any musculoskeletal problems that may affect your ability to train? Y / N

If yes, please explain: Do you suffer any joint pain? **Y/N**

.....  
.....

3. Do you have any other conditions or injuries that may affect your ability to train? Y / N

If yes, please explain:

.....  
.....

If you circled **YES** to any condition above, please take this form to your doctor and ask for a written medical clearance to exercise prior to commencement, or sign below if the condition had already been cleared by your doctor.

Signature ..... Date .....

**Merimbula Health & Fitness strongly recommends that you consult your doctor and obtain medical clearance prior to commencing any exercise program; as a certain level of risk is inherited in any exercise program. Any information, instruction or advice obtained from Merimbula Health & Fitness staff may not be substituted for your doctor's advice or treatment, and that any instruction or advice is obtained at your own risk. You agree to release and discharge Merimbula Health & Fitness and its staff from any and all responsibilities or liabilities from injury or illness arising from your participation in any activity undertaken at Merimbula Health & Fitness or upon our advice.**

I believe that to the best of my knowledge, all of the information I have supplied within this screening is correct.

Signature ..... Date .....