

MEMBERSHIP - please select your membership

- Full Individual
 Annual
 6 Month
 3 Month
 Monthly (AP)
-
- Full Family
 Annual
 6 Month
 3 Month
 Monthly (AP)
-
- Restricted Individual
 Annual
 Annual 60+
 Monthly (AP)
-
- Restricted Family
 Annual
 Monthly (AP)
 Student
 Physio

PERSONAL DETAILS

Family Name

Name	D.O.B	Phone	Gender	Ethnicity*	Med Alert*

**Ethnicity information is needed for collating statistics to source funding for our Fitness Centre*

** Medical Alert: see over to provide details*

CONTACT INFORMATION

Address

Email

EMERGENCY CONTACT PERSON

Name

Number

I, the undersigned, agree that use of any of the Te Kauwhata Community Fitness Centre facilities is at my own risk. I have read and agree with the Terms of Use. Under the Health & Safety at Work Act 2015; I take full responsibility for my own Health & Safety and will alert staff to any hazards or incidents & will follow procedures. I also understand that if this is a family membership, all names listed above will be my responsibility.

**If applicant is under 18 year of age.*

I also understand that if I do not return my key tag I will be charged a \$25 lost key tag fee.

Applicants Name

*Parent/Guardian:

PRE EXERCISE QUESTIONS

1. **Have you had any muscular or joint injuries that maybe aggravated by exercise?** Yes No
If yes please state
2. **Do you have a history of heart conditions (high blood pressure, stroke, palpitations etc)?** Yes No
If yes please state:
3. **Do you have any other conditions (Arthritis, diabetes, epilepsy, hernia, dizziness, back injury)?** Yes No
If yes please state:
4. **Are you on any medication? including: prescription, homeopathic or other** Yes No
If yes please state:
5. **Have you been pregnant or given birth in the past 12 months?** Yes No
If yes please advise if you are breast feeding? Yes No
Please state any complications:
6. **Were you referred by a medical practitioner or physiotherapist?** Yes No
If yes please produce a letter of referral for our records
7. **Do you have any disabilities?** Yes No
If yes please state:
8. **Do you have any allergies; what are they and what action should be taken?** Yes No
If yes please state:
9. **Do you have a *Medical Alert?** Yes No
If yes please state:
10. **Have you ever been a member of another gym (weight training, aerobics etc)** Yes No
If yes please state the type of exercises done?

11. Do you require a pre-exercise fitness assessment?

Yes No

If yes will you require a basic fitness programme?

Yes No

12. Would you like to make an appointment to see a Personal Trainer at an additional cost?

Yes No

AGREEMENT

I, the undersigned, agree that use of any of the Te Kauwhata Community Fitness Centre facilities is at my own risk.

A Doctor has assessed any medical condition specified above and clearance has been given. I undertake to comply with all the terms and conditions set out by Te Kauwhata Fitness Centre. I will follow the centres Health & Safety procedures.

(If under 18 must also be signed by a parent or guardian)*

Signed

***Parent/Guardian**

Date

OFFICE USE ONLY

PAID \$ Key Tag:.....

EXPIRY DATE/...../.....

MEM NO

Cash Chq EFT Banking

AP DETAILS Mth Frt Wk

KEY TAGS

RECEIPT #

1st AP DUE/...../.....

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