

# MEMBERSHIP FORM 2020

TITLE:	NAME:		MALE / FEMALE
ADDRESS:			D.O.B:
TOWN:	POST CODE:	STATE:	
TELEPHONE (H):	(M):	(W):	
EMAIL ADDRESS:			
EMERGENCY CONTACT NAME AND NUMBER:			

MEMBERSHIP TYPE:  STUDENT  COMMUNITY

SPORTUNE MEMBERSHIP

1 Month  3 Months  6 Months  12 Months  9 Months (Student only)  10 Pack Pass

OPTIONAL LOCKER HIRE

1 Month \$25  3 Months \$50  6 Months \$90  12 Months \$150  9 Months \$100 (Student only)

UPFRONT  Cash  Cheque  Credit Card/EFTPOS  SALARY SACRIFICE (UNE Staff Only)

DIRECT DEBIT

I have read and understood the EzyPay Agreement including the cancellation and time stop conditions overleaf. Applicants Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

HOW DID YOU FIND OUT ABOUT SPORTUNE?

WORD OF MOUTH  INTERNET  NEWSPAPER  RADIO  TV  ON CAMPUS PROMOTION  RURAL FIT

SPORTUNE MEMBER REFERRAL \_\_\_\_\_  OTHER \_\_\_\_\_

Sport UNE's Membership Agreement and Facilities Waiver are located on the reverse of this page, and online at [www.sportune.com.au/](http://www.sportune.com.au/). I have read and understood the Membership Agreement and Facilities Waiver as they apply to my membership.

Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

*Find Your Balance*



P: 6773 3856 E: [sportune@une.edu.au](mailto:sportune@une.edu.au) W: [sportune.com.au](http://sportune.com.au)

ABN 73 138 308 899

OFFICE USE ONLY

Membership Number: ..... Staff Name: ..... Date: .....

## Additional Members

### For “Additional Members” (To be completed by Applicant’s Relative)

I am a member of Sport UNE hereby confirm that the applicant is my spouse/partner/child.

Name: .....

Signature:.....Date:.....

## Parental/Guardian Consent

### To be completed by Guardian if Applicant is under 18 years of age

I am the legal Parent/Guardian of the Applicant and consent to membership of Sport UNE and being bound by Sport UNE’s policies, rules, regulations, and procedures that apply to the use of its facilities.

Name: .....

Signature:..... Date: .....

## EzyDebit Agreement

I have read and understand the conditions of the EzyDebit Agreement, in particular:

- Failed Payment - A failed debit fee of \$14.80 will apply (taken by EzyDebit). I understand my membership will be suspended and EzyDebit will stop all debits until outstanding amounts are paid.
- Extra fees– I accept the other miscellaneous fees as outlined on the EzyDebit application form
- This agreement is for a 12 month (minimum) Membership Contract. Where extenuating circumstances lead to the membership contract not being completed, a written request must be made for cancellation with 30 day’s notification. A cancellation fee will apply.

**Cancellation:** To cancel your initial 12 month membership contract, a two month cancellation fee may be applied and a written cancellation request completed. Upon completion of your 12 month initial membership contract, your membership will continue on a monthly basis until 30 days’ written notice of cancellation from you is received by SportUNE.

**Timestop:** Is only available in 4 week blocks for all direct debit memberships. A written request must be completed prior to your timestop.

## Gym and Facilities Waiver

I hereby acknowledge and agree that:

### WARNING

Physical activity could be dangerous and could result in me being injured or my death. I warrant that I am medically and physically fit to proceed with exercise. I declare that I have voluntarily read and understood this Warning, Exclusion of Liability and Release and Indemnity and accept and assume the inherent risk of injury in participating in pool use, weight training or the use of electronic ‘cardio’ training equipment in the SportUNE Gym or any other facility use at SportUNE.

### EXCLUSION OF LIABILITY

Except to the extent that terms are implied into a contract for the sale of goods and services by the *Competition and Consumer Act 2010 (Cth)* or other legislation, and cannot by contract be excluded, I agree that, in consideration of being allowed to utilise SportUNE facilities that the University of New England and UNE Life Pty Ltd, their directors, officers, employees, agents or contractors are absolved from all liability however arising from any injury or damage however caused (whether fatal or otherwise), including where such injury or damage is due to any act of negligence, breach of duty, default and/or omission on the part of University of New England or UNE Life Pty Ltd, their directors, officers, employees, agents or contractors.

### RELEASE AND INDEMNITY

In consideration of UNE Life Pty Ltd permitting me to use SportUNE facilities, I:

1. Release and forever discharge the University of New England and UNE Life Pty Ltd from all actions, suits, proceedings, claims, demands, losses, damages, penalties, fines, costs and expenses however arising that I may have or may have had but for this release arising from or in connection with my involvement in training or other activities in the SportUNE Gym or other SportUNE facilities; and
2. Indemnify the University of New England and UNE Life Pty Ltd to the extent permitted under the *Competition and Consumer Act 2010 (Cth)* or otherwise by law in respect of any actions, suits, proceedings, claims, demands, losses, damages, penalties, fines, costs and expenses, as a result of or in connection with my involvement in training or other activities or using facilities at SportUNE whether caused or contributed to, directly or indirectly, by any act of negligence to the fullest extent permitted by law, breach of duty, default and/or omission on the part of the University of New England or UNE Life Pty Ltd.
3. Agree to abide by UNE Life rules, policies and procedures when using SportUNE facilities.

**I HAVE READ, UNDERSTOOD, AGREE WITH AND ACKNOWLEDGE BY SIGNING, THE ABOVE WARNING, EXCLUSION OF LIABILITY AND RELEASE & INDEMNITY AND I ASSUME WITH FULL KNOWLEDGE THE DANGERS INHERENT IN MY PARTICIPATION AND DO SO AT MY OWN RISK.**

## Sport UNE Membership Agreement

If I am permitted to use SportUNE facilities, I acknowledge that I do so on the following terms:

1. The completion of a Pre-Exercise Screening Questionnaire is required by all new members or previous members whose membership has been expired for a period of greater than twelve months.
2. It is the member’s responsibility to provide SportUNE staff with all relevant medical history, including any restrictions, whether requested or not.
3. It is at the member’s own risk that he/she uses Sport UNE’s facilities, and members therefore agree to release, to the fullest extent permitted by the law, Sport UNE, its staff and agents, from all claims and demands of whatever kind which may arise from his/her use of Sport UNE’s facilities.
4. It is the member’s responsibility to observe and abide by SportUNE’s rules, policies and procedures, as well as those directions given by SportUNE staff and agents.
5. Membership cards must be scanned/swiped at the Customer Service Reception desk before each visit to SportUNE’s facilities. SportUNE staff reserve the right to ask members to leave if this is not adhered to.
6. Appropriate exercise attire and footwear must be worn whilst in the facility. A shirt or singlet must be worn at all times. Shoes must be fully enclosed. Unacceptable exercise attire includes denim, jeans, sandals, thongs, high heeled shoes, etc.
7. Members must bring a towel to every workout. Personal hygiene must also be maintained at all times (this includes the use of deodorant).
8. Bags are to be left in lockers or baggage compartments provided.
9. The minimum age for gym patrons is 15 years and above.
10. Special conditions apply for entry of patrons between aged 12 and 15 years.\*
11. All weights must be placed back in the racks provided on completion of their use.
12. Misuse of equipment, bad language, or misbehaviour will result in the member being asked to leave. Suspension, or even cancellation of membership (without refund), may also apply.
13. Failure to attend a booked fitness assessment or program appointment, or cancellation without twelve (12) hours’ notice, may result in a fee being charged to the member.^
14. Making or receiving calls from mobile phones is not permitted at, or near, the Customer Service Reception desk. Mobile calls elsewhere will be tolerated as long as they do not interfere with the schedules of SportUNE members.
15. It is expected that members will share equipment in a fair and reasonable manner.
16. SportUNE student memberships are only allocated to students of the University of New England, local high school students and aged pensioners.
17. Memberships are not transferable.\*
18. A member’s ID card is not to be used by any other person other than the member to whom the ID card has been issued. Misuse may result in exclusion without refund from SportUNE facilities by the Chief Executive Officer (CEO) of SportUNE.
19. Memberships will be refunded if cancelled within a cooling off period of seven (7) days.
20. UNE scheduled closure over the Christmas/New Year break is calculated and included in all membership options.
21. SportUNE reserves the right to alter pricing at any time during the term of an individual’s membership.
22. SportUNE reserves the right to close any of our facilities at any time for upgrades or maintenance without due notice given to members.
23. Amendments to membership are subject to administration fees payable upon request.
24. Memberships that are due to expire, can only be renewed within the month prior to the expiration of the current membership.
25. Cancellations and holds of membership are permitted subject to the relevant SportUNE policies.
26. SportUNE reserves the right to alter the membership agreement at any time with due notice given to members.
27. Staff members of the University of New England join SportUNE as community members.

\* Parent/guardian approval is provided, and suitability has been assessed by Sport UNE staff, and/or a Doctor’s referral is provided, and constant supervision is provided by a parent or guardian and Gym Attendants are on duty

^ The waiving of this fee for emergency cancellations will be determined upon application to the CEO of SportUNE.

\* The transfer of memberships may be permissible in extraordinary circumstances upon application to the CEO of SportUNE.

# ADULT PRE-EXERCISE SCREENING SYSTEM (APSS)



This screening tool is part of the Adult Pre-Exercise Screening System (APSS) that also includes guidelines (see User Guide) on how to use the information collected and to address the aims of each stage. 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 & Sport Science Australia, Fitness Australia, Sports Medicine Australia or Exercise is Medicine for any loss, damage, or injury that may arise from any person acting on any statement or information contained in this system.

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male:  Female:  Other:

## STAGE 1 (COMPULSORY)

**AIM:** To identify individuals with known disease, and/or signs or symptoms of disease, who may be at a higher risk of an adverse event due to exercise. An adverse event refers to an unexpected event that occurs as a consequence of an exercise session, resulting in ill health, physical harm or death to an individual.

This stage may be self-administered and self-evaluated by the client. Please complete the questions below and refer to the figures on page 2. Should you have any questions about the screening form please contact your exercise professional for clarification.

Please tick your response

	YES	NO
1. Has your medical practitioner ever told you that you have a heart condition or have you ever suffered a stroke?		
2. Do you ever experience unexplained pains or discomfort in your chest at rest or during physical activity/exercise?		
3. Do you ever feel faint, dizzy or lose balance during physical activity/exercise?		
4. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?		
5. If you have diabetes (type 1 or 2) have you had trouble controlling your blood sugar (glucose) in the last 3 months?		
6. Do you have any other conditions that may require special consideration for you to exercise?		

**IF YOU ANSWERED 'YES'** to any of the 6 questions, please seek guidance from an appropriate allied health professional or medical practitioner prior to undertaking exercise.

**IF YOU ANSWERED 'NO'** to all of the 6 questions; please proceed to question 7 and calculate your typical weighted physical activity/exercise per week.

7. Describe your current physical activity/exercise levels in a typical week by stating the frequency and duration at the different intensities. For intensity guidelines consult figure 2.				<b>Weighted physical activity/exercise per week</b>
<b>Intensity</b>	<b>Light</b>	<b>Moderate</b>	<b>Vigorous/High</b>	
<b>Frequency</b> (number of sessions per week)	_____	_____	_____	Total minutes = (minutes of light + moderate) + (2 x minutes of vigorous/high)
<b>Duration</b> (total minutes per week)	_____	_____	_____	<b>TOTAL = _____ minutes per week</b>
<ul style="list-style-type: none"> <li>• If your total is less than 150 minutes per week then light to moderate intensity exercise is recommended. Increase your volume and intensity slowly.</li> <li>• If your total is more than or equal to 150 minutes per week then continue with your current physical activity/exercise intensity levels.</li> <li>• It is advised that you discuss any progression (volume, intensity, duration, modality) with an exercise professional to optimise your results.</li> </ul>				

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

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_