



**AIS**

# fitness - membership enrolment form

## Personal Details

Given name:	Family name:		
Date of birth:	Age:	Gender:	
Address:	Suburb:	Postcode:	
Home telephone:	Work telephone:		
Mobile:	Email:		

## Emergency Contact

Name:	Telephone:
Relationship to you:	

## How did you hear about us? Please tick

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Word of mouth / friends | <input type="checkbox"/> Return customer      | <input type="checkbox"/> Internet / website | <input type="checkbox"/> School swimming flyer |
| <input type="checkbox"/> Facebook                | <input type="checkbox"/> Swim School Customer | <input type="checkbox"/> Other              |  |

Please indicate the program you are enrolling in:

- Fitness       Recovery Program

## If you have ticked Recovery Program, please complete the following information:

Name of medical specialist who referred you:
Contact number:

Please complete if your payment for the Recovery Program is being made **directly** by your insurance company:

Insurance Company Name:	Insurance Reference Number:
Insurance Case Manager's Name:	Contact Number:

**All Members:** Please complete the medical questionnaire on the reverse of this page.

**(Office use only)**

**Membership card number:**

## AIS Aquatic & Fitness Centre

PO Box 176 Belconnen ACT 2616, Leverrier Street Bruce ACT 2617

Tel: (02) 6214 1281 Email: [fitnesscentre@ausport.gov.au](mailto:fitnesscentre@ausport.gov.au) Website: [experienceais.com](http://experienceais.com)

# Medical Questionnaire

Welcome to the AIS Aquatic and Fitness Centre. To help our staff serve you better, please answer all of the questions below by selecting either yes or no and providing relevant information where requested.

Given name:	Age:	Date of last medical check:
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## Part A – Have you ever suffered, or do you currently suffer, from any of the following?

- |                                   |     |    |                            |     |    |
|-----------------------------------|-----|----|----------------------------|-----|----|
| 1. High blood pressure            | yes | no | 6. Gout                    | yes | no |
| 2. High cholesterol/triglycerides | yes | no | 7. Stomach/doudenal ulcer  | yes | no |
| 3. Pain/tightness/chest           | yes | no | 8. Diabetes                | yes | no |
| 4. Rheumatic fever                | yes | no | 9. Epilepsy                | yes | no |
| 5. Any heart/stroke condition     | yes | no | 10. Liver/kidney condition | yes | no |

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 any fitness activities.

## Part B – Have you ever suffered, or do you currently suffer, from any of the following?

Are you taking any medication?                      yes      no

If yes, please provide details:
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- |  |     |    |                           |     |    |
|--|-----|----|---------------------------|-----|----|
| 1. Family history of heart disease, stroke or high cholesterol | yes | no | 7. Muscular pain/cramps   | yes | no |
| 2. Asthma  | yes | no | 8. Major injuries         | yes | no |
| 3. A hernia  | yes | no | 9. Regular headaches      | yes | no |
| 4. Arthritis   | yes | no | 10. Heart palpitations    | yes | no |
| 5. Back pain   | yes | no | 11. Chronic cough         | yes | no |
| 6. Infectious disease  | yes | no | 12. Prescribed medication | yes | no |
|  |     |    | 13. Pregnant              | yes | no |

If you answered 'Yes' to any of the questions in Part B and have not seen a GP in the last six months you should do so before starting an exercise regime.

I consent to the ASC, from time to time, taking photographic, sound and video images of my child me or my childs likeness and using them in print, digital and electronic media for the purpose of promoting the AIS and the ASC.    yes      no

## Important – please read carefully

- » I acknowledge that the activities I undertake at the AIS Aquatic and Fitness Centre carry certain risks to my health.
- » I recognise that fitness instructors are not able to provide medical advice regarding my fitness and that the information provided above is used only as a guide to determine the limitations of my ability to exercise.
- » I assume the risk of and the responsibility for any injury, illness, death or property damage resulting from my participation in any activities at the AIS Aquatic and Fitness Centre.
- » In consideration of the Australian Sports Commission (ASC) allowing me to participate in any activity or to use the facilities and equipment of the Aquatic and Fitness Centre, I agree to:
  - a. release the ASC, its officers, employees and agents from liability for any property damage, illness, personal injury or death incurred or suffered by me in connection with my participation in such activities or my use of such facilities and equipment; and
  - b. idemnify the ASC, its officers, employees and agents from and against all losses, damages, claims and expenses (including legal costs) incurred or suffered by them that are caused by me in connection with my participation in such activities or my use of such facilities and equipment, except to the extent that the liability, losses, damages, claims and expenses referred to in (a) and (b) are directly caused by the negligence of the ASC, its officers, employees and agents.

Name:
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Signature:	Date:
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**Where the member is under 18 years of age** a parent or legal guardian must accept the following conditions:

I have read and understood this document and request that my child be allowed to participate in activities and use facilities and equipment of the AIS Aquatic and Fitness Centre. I acknowledge that the terms above are binding on him/her. I agree to the release, and idemnify the ASC as if I were the person named in the final dot point above.

Name:
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Signature:	Date:
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## Privacy statement

The ASC respects the privacy of your personal information. The information on this form is collected for the purpose of processing, managing and administering your membership. It will not be otherwise disclosed without your consent. If you wish to seek access to your personal information or have any questions regarding the handling of your personal information, contact the Privacy Contact Officer at [privacy@ausport.gov.au](mailto:privacy@ausport.gov.au)