



sports centre

MEMBER APPLICATION FORM



## SPORTS CENTRE MEMBERSHIP APPLICATION FORM

*This information will be treated as confidential and will not be released to any person without your written consent.*

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth:   /   /

Sex:            Male            Female

Address: \_\_\_\_\_  
\_\_\_\_\_

State: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

### MEMBERSHIP OPTIONS

#### Campus Rewards MEMBER

Semester            10 Visit            Other

#### NON Campus Rewards MEMBER

Semester            10 Visit            Other

## MEDICAL/HEALTH INFORMATION

Name of Doctor: \_\_\_\_\_

Date of last medical check: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Have you ever had / do you have:

High Blood Pressure Yes / No

High Cholesterol/Triglycerides Yes / No

Rheumatic Fever Yes / No

Any Heart or Stroke Condition Yes / No

Gout Yes / No

Stomach/Duodenal problem Yes / No

Liver/Kidney problem Yes / No

Diabetes Yes / No

Epilepsy Yes / No

Are you Male 35 years or over,  
Female 45 years and over Yes / No

A family history of heart disease, stroke,  
Or raised cholesterol Yes / No

Breathing difficulties or Asthma Yes / No

A Hernia Yes / No

Arthritis Yes / No

Back Pain Yes / No

Regular Muscular Pain/Cramps Yes / No

Any Injuries Yes / No

Do you smoke Yes / No

Regular Headaches Yes / No

Pain/Tightness in Chest Yes / No

Pounding/Palpitating Heart Yes / No

Chronic Cough Yes / No

Infections or Infectious Diseases Yes / No

Are you on any Prescribed Medication?  
(describe) \_\_\_\_\_ Yes / No

Have you been Recently Hospitalised?  
(describe) \_\_\_\_\_ Yes / No

Are there any other conditions which  
may limit your activity Yes / No

### WOMEN ONLY

No. of Children \_\_\_\_\_ Last child's DOB \_\_\_\_\_

Are you Pregnant now Yes / No

If Yes , number of weeks \_\_\_\_\_

*All members are expected to carry and use a towel whilst working out, as well as being appropriately attired. This includes suitable footwear and clothing. All members are also expected to respect the equipment, and replace weights / unload bars when finished. Failure to comply with these guidelines may lead to suspension or cancellation of membership.*

Initial: \_\_\_\_\_

Date: \_\_\_\_\_

I accept that there is some risk of personal injury resulting from the use of the CSG Sports Centre and its equipment and facilities and I accept that risk. I agree not to use any part of the facilities without first receiving the appropriate instructions and only as permitted or directed by the Centre staff. I recognise that the Instructor is not able to provide me with medical advice with regard to my medical fitness and that this information is used as a guideline to the limitations of my ability to exercise. I have answered the questions to the best of my ability and understand the advice above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Campus Rewards Use Only*

Staff: \_\_\_\_\_ Amt Paid: \_\_\_\_\_ Date: \_\_\_\_\_

Entered by: \_\_\_\_\_ Member No: \_\_\_\_\_