



**Bulloo Shire Council**  
**Roger Fraser Community Centre**  
**Membership Application**

☐ New Member

☐ Renewal

**Applicant Information**

Name:

Email:

Date of Birth:

Phone:

☐ Male

☐ Female

Address:

City:

State:

Postcode:

Preferred Method of Contact: ☐ Phone call ☐ Text Message ☐ Email ☐ Mail

Do you have any medical conditions?

Do you have any pre-existing injuries?

Have you completed the informed consent form? ☐ Yes ☐ No

***Membership will not be completed until this is completed***

Have you completed the pre-exercise screening questionnaire? ☐ Yes ☐ No

***Membership will not be completed until this is completed***

**Emergency Contact Information**

Name:

Relationship to you:

Phone:

**Type of Membership**

☐ Security Deposit - Key \$20.00 bond

Date of Membership start:

Date of Membership renewal:

### **Membership Terms and Conditions Basic Provisions**

Any violation of the rules by a member may subject the member to suspension or forfeiture of their membership.

Good order, proper attire, decorum and consideration of the rights and comforts of others must be observed at all times.

A towel must be used on benches at all times.

Enclosed shoes are required in the Community Centre in all areas except the toilets and showers. Bulloo Shire Council will not be responsible for loss or damage to any personal property belonging to a member.

Any complaints regarding the conduct of gym personnel or a member or guest should be reported directly to Bulloo Shire Council.

All members assume an inherent risk of injury while participating in gym activities.

All participants are strongly urged to have regular medical check-ups and carry medical insurance coverage.

Members shall not bring any food into the facility at any given time.

Beverages consumed during workout must be in a container with a lid, any spills must be cleaned immediately.

A member may only make use of equipment if they are familiar with the safe and proper use of that equipment.

### **Access and Entry**

All members must carry and use their key to access the facility and use of all equipment within.

If a member's key is not produced, photographic identification must be provided for cross-checking against membership records.

Use of facilities may be denied without proper identification.

Keys may not be shared.

Anyone found using someone else's key will be asked to leave the facility.

This could also warrant suspension or termination of a member's membership.

If a key is damaged or lost, the \$20.00 security deposit fee will not be refunded.

No tailgating (following other members in after they use their access key) is allowed.

Members are expected not to allow other people to tailgate.

### **Gym Equipment**

Members shall pay for any loss or damage to property which they or their guests are responsible.

No property shall be lent to any member or guest for any reason without the expressed permission of Council.

No property or furniture shall be moved from or to the facility without the approval of Council.

### **Buddy System**

Council encourages the use of the buddy system during all individual workouts.

Members should communicate with their partner(s) if they become disoriented, strained, stressed, short of breath or dizzy.

**Injuries**

If an injury occurs in the Centre, members should contact gym personnel immediately as per contact details on the notice board.

An Incident Report Form should also be completed and submitted to Council within 24 hours of the injury.

**Pre-Exercise Screening and Informed Consent Form**

Upon applying for membership, all members must complete and sign a pre-exercise screening questionnaire and informed consent form.

Any areas of concern identified through the pre-exercise screening questionnaire will require written confirmation from an appropriately qualified physician to confirm that the member is able to participate in gym activities.

Use of the Centre shall be at the members' own risk at all times.

**Payment**

A member is responsible for the payment of their membership fees as per Council's Current Fees and Charges. Payment is to be made in advance at all times.

**Frozen Membership**

It is possible to freeze an annual membership due to medical reasons, upon the presentation of a medical certificate. An annual membership can be frozen for up to six months (nine months for pregnancy), and is automatically activated once the agreed frozen period ends. A membership cannot be frozen in retrospect.

**I agree that the information declared above is true and correct and I have read and understand all terms and conditions of the membership of Bulloo Shire Council.**

**Member Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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

## Pre-Exercise Screening Questionnaire

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

**1. Do you have, or have you had:**

☐ heart disease (please specify):  
\_\_\_\_\_

☐ high blood pressure

☐ high cholesterol

☐ diabetes

☐ lung disorder (e.g. asthma, emphysema):  
\_\_\_\_\_

☐ other cardiac problem (incl. pacemaker):  
\_\_\_\_\_

☐ no/or none of the above.

**2. Have you ever been told you are at risk of:**

☐ heart disease

☐ high blood pressure

☐ high cholesterol

☐ diabetes

☐ stroke

☐ no/none of the above

**3. Have you ever been told that you have heart problems?**

☐ heart murmur

☐ valve defect

☐ racing heart

☐ irregular beats

☐ angina

☐ other: \_\_\_\_\_

☐ no/or none of the above

**4. Do you have, or have you experienced?**

☐ epilepsy

☐ fainting

☐ seizures

☐ dizzy spells

☐ convulsions

☐ no/or none of the above

**5. Do you experience sudden shortness of breath?**

☐ yes

☐ no

**6. Have you ever had pain or pressure, either at rest or during exercise?**

☐ in the middle of, or on the left side of, the chest

☐ in the neck region

☐ at the left shoulder or down the left arm

☐ no/or none of the above

**7. Do you take any medications for (please name)?**

☐ heart disease .....

☐ diabetes .....

☐ cholesterol .....

☐ blood pressure .....

☐ asthma, breathing problems .....

☐ no/or none of the above

**8. Are you aged over 60 years of age?**

☐ yes

☐ no

**9. Do you have any joint or muscular problems that may affect your ability to train?**

☐ yes

☐ no

If yes, please explain .....

.....

**10. Do you have any other conditions or injuries that may affect your ability to train?**

☐ yes

☐ no

If yes, please explain .....

.....

**Note:** Bulloo Shire Council strongly recommends that you consult your doctor and obtain medical clearance prior to commencing any exercise program, as a certain level of risk is inherent in any exercise program. Any information, instruction or advice obtained from Bulloo Shire Council may not be substituted for your doctor's advice or treatment, and any instruction or advice is obtained at your own risk.

Members signature: \_\_\_\_\_

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

## BULLOO SHIRE COUNCIL ADMINISTRATION ONLY

☐ Member is aged 16 – 60      ☐ Member responded to one or more of cardio-respiratory risks

☐ Member referred to doctor for a Medical Clearance      ☐ Member has no risk factors

### INFORMED CONSENT

Bulloo Shire Council advises all members that gym activities may be dangerous, with obvious risks. You hereby undertake to participate at your own risk. Members must be 16 years of age or over.

#### MEMBERS DETAILS

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

I recognise that use of the Bulloo Shire Council Roger Fraser Community Centre may involve strenuous physical activity and I fully understand that there are inherent risks associated with gym activities.

I am aware that I may injure myself as a result of my membership and use of the Community Centre. I hereby confirm that I am in good physical condition and do not suffer from any known disability or condition, which would prevent or limit my participation in an exercise program. I acknowledge that my membership and subsequent use of the Bulloo Shire Council Roger Fraser Community Centre is purely voluntary and is in no way mandated by Bulloo Shire Council.

**I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.**

Participant's Signature: \_\_\_\_\_

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

#### TERMS & CONDITIONS OF USE

- Only one person can gain entry to the Bulloo Shire Council Community Centre per allocated key provided by Bulloo Shire Council upon payment of security deposit.
- Air conditioners and lights are to be turned off when you exit the Community Centre.
- Any damage or incidents should be reported to Bulloo Shire Council Administration Centre immediately.
- Towels are to be used on all equipment, equipment should also be wiped down using paper towel and disinfectant spray after each use.
- Good order, proper attire, decorum and consideration of the right comforts of others must be observed at all times.
- No food is allowed in the Community Centre at any given time.
- \$20.00 Refundable Security Deposit is required to be paid at the Bulloo Shire Council Administration Centre before use is permitted.
- \$20.00 will only be refunded upon the return of the key issued.
- This agreement is temporary and will only be valid whilst entry is via keys. Council will inform members to renew agreement when changes have been implemented.

## Bulloo Shire Council Community Centre Induction

Induction Items	Tick when demonstrated
Entry Swipe Card	
COVID-19 Policy	
Main entrance	
Noticeboard	
Storage	
Defibrillator	
Toilet	
First Aid Kit	
Lights	
Air Conditioner	
Fire Exits	
Evacuation Procedure	
Paper Towel	
Disinfectant Spray	
Accident/Incident, Equipment/Building Damage Reporting System	

I, \_\_\_\_\_ confirm I have been inducted and shown all of the above by Bulloo Shire Council.

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

Inducted by: \_\_\_\_\_ Signature: \_\_\_\_\_