



FAMILY CLUB MEMBERSHIP FORM



MEMBERSHIP FEE SELECTION:

Annual Membership **\$100**
 Access to Gym (additional fee p/session)
 Access to classes at Member rates

12 Month Upfront Membership **\$600**
 Unlimited access to Gym
 Access to classes at Member rates

USER DETAILS:

MEMBER 1:	Member 1 - PCYC PASS KEY NUMBER:
Name: _____	DOB: ___/___/___ Age: _____ Gender: M / F / Other
MEMBER 2:	Member 2 - PCYC PASS KEY NUMBER:
Name: _____	DOB: ___/___/___ Age: _____ Gender: M / F / Other
MEMBER 3:	Member 3 - PCYC PASS KEY NUMBER:
Name: _____	DOB: ___/___/___ Age: _____ Gender: M / F / Other
MEMBER 4:	Member 4 - PCYC PASS KEY NUMBER:
Name: _____	DOB: ___/___/___ Age: _____ Gender: M / F / Other
MEMBER 5:	Member 5 - PCYC PASS KEY NUMBER:
Name: _____	DOB: ___/___/___ Age: _____ Gender: M / F / Other

CONTACT DETAILS:

Address: _____ Postcode: _____

1 - Email: _____ 2 - Email: _____

1 - Phone: _____ 2 - Phone: _____

EMERGENCY CONTACTS:

CONTACT 1: _____ Phone: _____ Relationship to Member: _____

CONTACT 2: _____ Phone: _____ Relationship to Member: _____

PARENT/GUARDIAN CONSENT AGREEMENT:

	YES	NO
I/We give permission for myself/my child to receive first aid, medical or ambulance assistance in the case of an accident and agree to pay any costs incurred.		
I/We acknowledge that I/We have read, understood and agree to Hobart PCYC's Terms & Conditions, Child Drop-off/Collection Policy and Privacy Policy.		
I/We understand that I/We may request access to my/our personal information, including the formal registration information that is held by Hobart PCYC about my/our family.		
The information I/We have provided on this form is complete and correct to the best of my/our knowledge and I/We undertake to advise Hobart PCYC of any changes that may occur.		
I/We understand that all users of the Hobart PCYC facility have an obligation to engage in safe workplace practices and to assist in reducing possible hazards. If any safety issues come to my/our attention, potential or otherwise, I/We understand that I/We are obliged to report the safety issue to the Hobart PCYC Reception Desk, Coaching Staff or the General Manager.		

Signature (Parent/Guardian): _____ **Date:** ___/___/___

Signature (Parent/Guardian): _____ **Date:** ___/___/___

ADULT PRE-EXERCISE SCREENING TOOL

This screening tool is part of the Adult Pre-Exercise Screening System (APSS) provided by Exercise & Sports Science Australia (ESSA). This screening tool does not provide advice on a particular matter, nor does it substitute for advice from an appropriately qualified medical professional. No warranty of safety should result from its use. The screening tool in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by ESSA or Hobart PCYC for any loss, damage, or injury that may arise from any person acting on any statement or information contained in this screening tool.

MEMBER 1 - PERSONAL DETAILS:

Name: _____ DOB: ____/____/____ M / F / Other (please circle)

Family Doctor: _____ Phone: _____

The aim of this screening tool is 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 or physical harm to an individual. **This is a self-administered and self-evaluated health questionnaire.**

HEALTH DETAILS:	YES	NO
Has your medical practitioner ever told you that you have a heart condition, or have you ever suffered a stroke?		
Do you ever experience unexplained pains or discomfort in your chest at rest or during physical activity/exercise?		
Do you ever feel faint, dizzy or loose balance during physical activity/exercise?		
Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?		
If you have diabetes (type 1 or 2), have you had trouble controlling your blood sugar (glucose) in the last 3 months?		
Do you have any diagnosed muscle, bone or joint problems that you've been told could be made worse by participating in physical activity/exercise?		
Do you have any other conditions that may require special consideration for you to exercise?		
IF YOU ANSWERED 'YES' to any of the above 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 above questions and have no other concerns about your health, you may proceed to undertake light-moderate intensity physical activity/exercise.		

DECLARATION:

I believe that to the best of my knowledge, all information I have supplied regarding my health details within the screening tool above is correct, and I will inform Hobart PCYC immediately if there are any changes to the information provided.

Signature: _____ Date: ____/____/____

ADULT PRE-EXERCISE SCREENING TOOL

This screening tool is part of the Adult Pre-Exercise Screening System (APSS) provided by Exercise & Sports Science Australia (ESSA). This screening tool does not provide advice on a particular matter, nor does it substitute for advice from an appropriately qualified medical professional. No warranty of safety should result from its use. The screening tool in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by ESSA or Hobart PCYC for any loss, damage, or injury that may arise from any person acting on any statement or information contained in this screening tool.

MEMBER 2 - PERSONAL DETAILS:

Name: _____ DOB: ____/____/____ M / F / Other (please circle)

Family Doctor: _____ Phone: _____

The aim of this screening tool is 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 or physical harm to an individual. **This is a self-administered and self-evaluated health questionnaire.**

HEALTH DETAILS:	YES	NO
Has your medical practitioner ever told you that you have a heart condition, or have you ever suffered a stroke?		
Do you ever experience unexplained pains or discomfort in your chest at rest or during physical activity/exercise?		
Do you ever feel faint, dizzy or loose balance during physical activity/exercise?		
Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?		
If you have diabetes (type 1 or 2), have you had trouble controlling your blood sugar (glucose) in the last 3 months?		
Do you have any diagnosed muscle, bone or joint problems that you've been told could be made worse by participating in physical activity/exercise?		
Do you have any other conditions that may require special consideration for you to exercise?		
IF YOU ANSWERED 'YES' to any of the above 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 above questions and have no other concerns about your health, you may proceed to undertake light-moderate intensity physical activity/exercise.		

DECLARATION:

I believe that to the best of my knowledge, all information I have supplied regarding my health details within the screening tool above is correct, and I will inform Hobart PCYC immediately if there are any changes to the information provided.

Signature: _____ Date: ____/____/____

EXERCISE and PHYSICAL ACTIVITY READINESS ASSESSMENT

UNDER 18 (to be completed by Parent/Guardian)

MEMBER 3 - PERSONAL DETAILS:

Name: _____ DOB: ____/____/____ Gender: M/ F / Other (please circle)

Parent/Guardian Name: _____

Contact Number: _____ Email: _____

Family Doctor: _____ Phone: _____

*In case of an **emergency**, please provide the name and number of a person who can be contacted;*

Name: _____ Contact Number: _____

HEALTH DETAILS:

Does your child have, or has your child had (please tick *and if yes specify*):

- A heart condition _____
- Diabetes (Type 1 or 2) _____
- High blood pressure _____
- High cholesterol _____
- Cystic Fibrosis _____
- Asthma/breathing issues _____
- Epilepsy/seizures _____
- Fainting/dizzy spells _____
(at rest or while exercising)
- Eating disorder _____
- Chronic disability/illness _____
- Heat stroke/heat related illness _____
- Increased bleeding/haemophilia _____
- Other _____

PLEASE ATTACH A COPY OF ANY ACTION PLANS eg: Asthma, Anaphylaxis

In the past 12 months has your child had (please tick *and if yes specify*):

- Any muscular pain while exercising? _____
- Any joint or bone pain? _____
- Any broken bones or bone injury? _____
- Any surgery or hospitalisation of any kind? _____

Does your child take any medications?

YES

NO

If yes, please specify:

Does your child have any allergies?

YES

NO

If yes, please specify:

Does your child follow a special diet?

YES

NO

If yes, please specify:

Has your child had any vision, hearing, speech or motor sensory skills issues?

YES

NO

If yes, please specify:

Does your child have any medical or physical reason that may affect or prevent your child's ability to participate in any exercise program?

YES

NO

If yes, please specify:

CONSENT:

I hereby acknowledge that;

- The information provided above about my child's health is correct to the best of my knowledge and I will inform Hobart PCYC immediately if there are any changes to the information provided above.
- I give permission for my child to commence physical exercise activities and understand that my child participates at his/her/their own risk and I accept all responsibility for any injury or harm that may occur while undertaking these activities at the Hobart PCYC.

Parent/Guardian Signature: _____ **Date:** ____/____/____

EXERCISE and PHYSICAL ACTIVITY READINESS ASSESSMENT

UNDER 18 (to be completed by Parent/Guardian)

MEMBER 4 - PERSONAL DETAILS:

Name: _____ DOB: ____/____/____ Gender: M/ F / Other (please circle)

Parent/Guardian Name: _____

Contact Number: _____ Email: _____

Family Doctor: _____ Phone: _____

*In case of an **emergency**, please provide the name and number of a person who can be contacted;*

Name: _____ Contact Number: _____

HEALTH DETAILS:

Does your child have, or has your child had (please tick **and if yes specify**):

- A heart condition _____
- Diabetes (Type 1 or 2) _____
- High blood pressure _____
- High cholesterol _____
- Cystic Fibrosis _____
- Asthma/breathing issues _____
- Epilepsy/seizures _____
- Fainting/dizzy spells _____
(at rest or while exercising)
- Eating disorder _____
- Chronic disability/illness _____
- Heat stroke/heat related illness _____
- Increased bleeding/haemophilia _____
- Other _____

PLEASE ATTACH A COPY OF ANY ACTION PLANS eg: Asthma, Anaphylaxis

In the past 12 months has your child had (please tick *and if yes specify*):

- Any muscular pain while exercising? _____
- Any joint or bone pain? _____
- Any broken bones or bone injury? _____
- Any surgery or hospitalisation of any kind? _____

Does your child take any medications? YES NO
If yes, please specify: _____

Does your child have any allergies? YES NO
If yes, please specify: _____

Does your child follow a special diet? YES NO
If yes, please specify: _____

Has your child had any vision, hearing, speech or motor sensory skills issues? YES NO
If yes, please specify: _____

Does your child have any medical or physical reason that may affect or prevent your child's ability to participate in any exercise program? YES NO
If yes, please specify: _____

CONSENT:

I hereby acknowledge that;

- The information provided above about my child's health is correct to the best of my knowledge and I will inform Hobart PCYC immediately if there are any changes to the information provided above.
- I give permission for my child to commence physical exercise activities and understand that my child participates at his/her/their own risk and I accept all responsibility for any injury or harm that may occur while undertaking these activities at the Hobart PCYC.

Parent/Guardian Signature: _____ Date: ____/____/____

EXERCISE and PHYSICAL ACTIVITY READINESS ASSESSMENT

UNDER 18 (to be completed by Parent/Guardian)

MEMBER 5 - PERSONAL DETAILS:

Name: _____ DOB: ____/____/____ Gender: M/ F / Other (please circle)

Parent/Guardian Name: _____

Contact Number: _____ Email: _____

Family Doctor: _____ Phone: _____

*In case of an **emergency**, please provide the name and number of a person who can be contacted;*

Name: _____ Contact Number: _____

HEALTH DETAILS:

Does your child have, or has your child had (please tick *and if yes specify*):

- A heart condition _____
- Diabetes (Type 1 or 2) _____
- High blood pressure _____
- High cholesterol _____
- Cystic Fibrosis _____
- Asthma/breathing issues _____
- Epilepsy/seizures _____
- Fainting/dizzy spells _____
(at rest or while exercising)
- Eating disorder _____
- Chronic disability/illness _____
- Heat stroke/heat related illness _____
- Increased bleeding/haemophilia _____
- Other _____

PLEASE ATTACH A COPY OF ANY ACTION PLANS eg: Asthma, Anaphylaxis

In the past 12 months has your child had (please tick *and if yes specify*):

- Any muscular pain while exercising? _____
- Any joint or bone pain? _____
- Any broken bones or bone injury? _____
- Any surgery or hospitalisation of any kind? _____

Does your child take any medications?

YES

NO

If yes, please specify:

Does your child have any allergies?

YES

NO

If yes, please specify:

Does your child follow a special diet?

YES

NO

If yes, please specify:

Has your child had any vision, hearing, speech or motor sensory skills issues?

YES

NO

If yes, please specify:

Does your child have any medical or physical reason that may affect or prevent your child's ability to participate in any exercise program?

YES

NO

If yes, please specify:

CONSENT:

I hereby acknowledge that;

- The information provided above about my child's health is correct to the best of my knowledge and I will inform Hobart PCYC immediately if there are any changes to the information provided above.
- I give permission for my child to commence physical exercise activities and understand that my child participates at his/her/their own risk and I accept all responsibility for any injury or harm that may occur while undertaking these activities at the Hobart PCYC.

Parent/Guardian Signature: _____ Date: ____/____/____



TERMS AND CONDITIONS OF USE

The following important information affects your legal rights and obligations. Please read this document carefully and sign to indicate you have understood and agree to the conditions of undertaking activities at the Hobart PCYC. Do not sign this document or undertake activities unless you are satisfied that you understand this document and agree. If you are less than 18 years of age a parent or guardian must read and understand this form and also sign. By signing this form, you acknowledge and agree to the following:

GENERAL

1. I acknowledge and agree that the activities organised and conducted by the Hobart PCYC (PCYC), including but not limited to weight gym and fitness, senior fitness classes, gym sports, self-defence classes, disability activities and other associated activities expose me to inherent dangers and risks, including the risk of injury or death.
2. I acknowledge and agree that whilst the PCYC may have made every effort to reduce the above-mentioned risks, these are risks inherent in my participation in all activities associated with PCYC and that due to the nature of PCYC activities it would be unreasonable for PCYC to be in any way responsible for any injury or death that I may suffer. I acknowledge and agree that I am undertaking the PCYC activities freely, voluntarily and absolutely at my own risk and with full appreciation of the nature and extent of all risks involved in PCYC activities.
3. I acknowledge and agree that these terms and conditions are subject to change and that it is my responsibility to check the PCYC website for the most up-to-date version. I understand that a hard copy may be requested at any time.

SAFETY/SECURITY REQUIREMENTS

4. I acknowledge and agree that whilst PCYC may have made every effort to reduce the risks and hazards associated with PCYC activities, there are numerous hazards that can occur whilst participating in PCYC activities, whether at the PCYC premises or not. I acknowledge that due to the nature and layout of PCYC's multi-purpose facility, environmental factors such as equipment layout may create hazards, including but not limited to trip and slip hazards.
5. I acknowledge and agree that I have an obligation to participate in PCYC activities in accordance with all safety requirements and with regard to other participants. I agree to adhere to expressed or customary rules and general codes of conduct set out by PCYC or as otherwise directed by PCYC. I acknowledge and agree that if I fail to observe these rules and directions, I may be asked to leave the premises or have my access rights (including membership) suspended or cancelled in accordance with the PCYC constitution.
6. I acknowledge and agree that I have the responsibility to ensure the safety of any children in my care prior to and after any use of the facility or class/program conducted by the PCYC and I agree that it is my responsibility to read and abide by the PCYC's Unaccompanied Minors Policy. I understand that a full copy may be obtained by request at the Reception desk or online at www.hobartpcyc.org.au
7. I acknowledge and agree that the PCYC shall operate recorded video surveillance and that member access to the facility is by use of the member pass key tag, scanned at the Reception desk upon arrival. Replacement pass key tags will attract a \$5.00 replacement fee.

8. I acknowledge and agree that;
 - a) I may not bring guests into the facility at any time without prior written consent of the PCYC, and;
 - b) that members must not allow any other person to use their key tag and must advise the PCYC immediately if it is lost or stolen.

If either of these conditions is breached, the PCYC may charge me a guest fee and/or may suspend or cancel my access rights (including membership) and may charge me \$250, which I acknowledge and agree is a genuine pre-estimate of the loss suffered by the PCYC in such circumstances.

9. I acknowledge and agree personal training services provided in the facility may be provided either by the PCYC, its employees or authorised independent contractors in operation of that contractor's own business. No other personal training may be conducted on the premises.
10. I acknowledge and agree that all members have access to a free orientation session including advice on the proper use of facilities and equipment and that it is the member's responsibility to request this orientation service.
11. I acknowledge and agree that I must wipe down equipment and rack up any weights used.
12. I acknowledge and agree that I must use the safety facilities provided on the equipment and shall seek instruction from PCYC staff if unsure about the use of equipment.
13. I acknowledge and agree that unruly behaviour, vulgar language or improper use of equipment in the facility or being present in the facility while intoxicated, whether as a result of alcohol or drug ingestion, or other inappropriate behaviour is not permitted. If I do any such thing, PCYC may suspend or cancel my access rights (including membership) without any entitlement for refund.
14. I acknowledge and agree that I must not photograph or video at any time while inside the facility.
15. I acknowledge and agree that persons under the age of 18 years are not permitted to use the facility unless a parent/guardian has assumed personal and financial responsibility requiring both parties' signatures at the time of signing the relevant access/use form. *The minimum unaccompanied entry age to the weight gym is 15 years.*
16. I acknowledge and agree that appropriate attire must be worn in the facility at all times. Sports shoes are compulsory for the gym. Work boots, street shoes, thongs and open-toed sandals are not acceptable. Jeans and drill trousers are not permitted. No hoods are to be worn over the head or face on entry or in the facility. PCYC staff have the right to refuse entry to anyone inappropriately dressed.

MEDICAL CONDITIONS

17. I agree to inform PCYC of any medical conditions or existing injury that may impair my ability to participate or increase my chance of further injury or harm by truthfully completing the PCYC Medical Clearance Form to the best of my knowledge. I hereby give my consent to first aid care, hospital care and/or medical assistance which PCYC and its agents consider appropriate or necessary if at that time I am not able to give my consent due to unconsciousness or other medical incapacity.

I agree to meet any expense associated with such medical assistance. I acknowledge and agree that PCYC has no responsibility for my treatment or transport should I sustain an injury whilst participating in PCYC activities

PROMOTION/ADVERTISING

18. I acknowledge and agree that I may be photographed or filmed by PCYC or its agents whilst undertaking activities with PCYC and these may be used for promotional purposes by PCYC. I permit PCYC to use my name, image, likeness and my performance in any PCYC activity at any time for any purpose whatsoever without any form of reimbursement. I will inform PCYC in writing if in the future I want to withdraw this permission.
19. I acknowledge and agree I may not affix any advertising nor otherwise advertise in the facility.

INDEMNITY WITH RESPECT TO PCYC ACTIVITIES

20. To the extent permitted by law, I release PCYC, its related entities and agents (including their respective directors, officers, employees, members, contractors, teams, agents, mentors and volunteers) ('the Indemnified Group') from any liability for any damages, loss, liability or injury I may suffer or incur (whether fatal, property or otherwise) relating to or arising out of my participation in PCYC activities and use of any piece of equipment designed or used for the purpose of providing PCYC activities ('Liability'), whether the PCYC activities are on-site at any property owned or occupied by the PCYC or off-site ('the Facilities'), howsoever caused (including negligence), except to the extent that the Indemnified Group are insured in respect of such Liability. I agree and acknowledge that to an extent I am waiving my right to pursue any contractual rights, express or implied, that may arise in relation to my relationship with PCYC (or casual use at any other time) and any claims that I may have in relation to breach of duty or negligence.

I agree that this release shall apply to and on behalf of any minor on whose behalf I have signed as parent and/or guardian.

21. I agree to indemnify on a continuing basis and on a full indemnity basis the Indemnified Group and each of them for any damage, loss, liability or injury that any one or more of the Indemnified Group may suffer or incur (including by indemnity to third parties) as a result of my conduct (or the conduct of any minor on whose behalf I have signed as parent and/or guardian) at or in the course of any PCYC activities (supervised or unsupervised) and/or my (or their) use of the Facilities.

PAYMENT

22. I agree to pay the costs of attending PCYC including class or training session fees, PCYC membership fees, specific activity Insurance and Registrations fees (e.g. Gymnastics Australia or Boxing Tasmania Fees), Administration or Equipment Levies and other associated fees outlined on the Club Invoices, membership/registration forms or the Website/Brochures. I also agree to pay the costs of any additional Competition Entry Fees, Grading Level Badges, Event Fees or other costs that I may opt to incur.
23. I agree that if my payment is not paid or a regular payment plan (via direct debit) organised and adhered to under the set terms and conditions, that I will pay an additional Administration Fee of \$25.00 where any scheduled direct debit payment is unsuccessful or any invoice is over 30 days late to cover PCYC's additional costs, AND I will pay all Collection Agency/Legal Fees incurred in the recovery of the outstanding amount.

I agree that the PCYC may deactivate a members pass key tag while any payment is outstanding.

24. I agree that I may only cancel this agreement by giving four (4) weeks' notice and completing and signing a "Notice of Cancellation" form, the original of which shall be delivered to the PCYC during staffed hours. A phone call or email is not considered an acceptable form of notice of cancellation.
25. I agree that unless cancelled, as provided in this agreement, I will be responsible for all payments due and owing under this agreement, even if there is no use of the facilities and services. In the event of death or disability, liability for fees will terminate at the date of death or disability. If the facility becomes temporarily unavailable due to events such as fire, flood, loss of lease or the like the PCYC will extend a member's privileges for the same period as the facilities were unavailable.
26. I agree that PCYC may change any of its membership fees unilaterally, and that I will pay the new membership fees (including any increase) after a notice period of not less than four (4) weeks has been provided to me by letter, email or notice erected at the Reception Desk.
27. I agree that if I am having difficulty paying an invoice or other PCYC cost that I will make an appointment to speak to the Club Manager (or nominee) that has discretion in these matters, about organising a Payment Arrangement or other Arrangement.
28. I agree that membership rights may not be transferred and that the PCYC is not required to recognise or accept any purported or attempted transfer of membership rights.

PRIVACY/MEMBER DETAILS

29. I acknowledge that the PCYC respects the privacy of individuals.
30. I agree that the PCYC, its authorised staff, volunteers, contractors and government agencies or referral agencies covered by law, may be recipients of my personal information ('Recipients').
31. I permit the use of my personal information by the Recipients in accordance with the PCYC's Privacy Policy.
32. I agree that it is my responsibility to access the full details of the PCYC's Privacy Policy and understand that a full copy may be obtained by request at the Reception Desk or online at www.hobartpcyc.org.au

LEGAL ADVICE

33. I confirm that I have been advised by the PCYC to obtain legal advice before signing this document.

MEMBER/USER SIGNATURE

User Signature: _____

Date: ____/____/____

Parent/Guardian: _____

Date: ____/____/____

STAFF MEMBER

Signed for and on behalf of the Hobart Police and Community Youth Club Inc:

Staff Signature: _____

Date: ____/____/____