



PLEASE PRINT MEMBER DETAILS CLEARLY

<input type="checkbox"/> Male <input type="checkbox"/> Female	First name		Surname		Date of Birth	/	/
Contact Phone #	Home		Work		Mobile		
Address					Postcode		
Email address							
How did you find out about us? <i>Please tick (✓)</i>	<input type="checkbox"/> Internet		<input type="checkbox"/> School. Which one? _____				
	<input type="checkbox"/> Letter box drop		<input type="checkbox"/> Shopping Centre. Which one? _____				
	<input type="checkbox"/> Newspaper. Which one? _____		<input type="checkbox"/> Other, please specify _____				
Emergency Contact Name			Relationship				
Emergency Contact Phone #	Home		Work		Mobile		

PRE EXERCISE PROGRAM QUESTIONNAIRE

Please Tick (✓)

DO YOU HAVE OR HAVE YOU HAD?	Yes	If you ticked (✓) "Yes" to any of these conditions you will be required to get a certificate of medical clearance before commencing exercise
Any heart condition		
High blood pressure <140/90		
Pains in the chest/Palpitations		
Raised cholesterol		
Stroke		

Please tick (✓) if any of the following conditions apply

Arthritis		Pregnant or attempting		Muscular pain		If you have ticked (✓) "Yes" for any of these conditions you must sign below if you have had the condition cleared or seek Doctor's clearance before commencing exercise
Asthma		Prescribed medication		Diabetes		
Family history of heart disease		<u>NOT</u> used to regular exercise		Major injuries/joint pain		
Epilepsy		Stomach/Duodenal Ulcer		Glandular Fever		
Gout		Hernia		Liver/Kidney condition		
Cramps		Smoker		Dieting or fasting		
Are there any other conditions which may be reason to modify/affect your exercise program?						
				Signature:	Date: / /	

I recognize that the staff are not able to provide me with medical advice with regard to my medical fitness and that this information is used only as a guideline for my ability to exercise.

➔ Please see over page for Terms & Conditions ➔

OFFICE USE ONLY: (Please circle)

AquaHealth M/Ship	6 months	6 months concess.	12 months	12 months concess./child	Paid: \$ _____
AquaSwim Pass	10 visits	10 visits concess.	20 visits	20 visits concess./child	Paid: \$ _____
AquaFit Pass	10 visits	10 visits concess.	20 visits	20 visits concess./child	Paid: \$ _____
Membership Fee of \$6.00 Paid	YES		NO		Total: \$ _____



- 1. Use of Venue:** Use of the venue is subject to the terms and conditions of entry, pool rules and swimming hygiene requirements. ASTA management reserves the right to refuse participation to any person, including members, and has the right to cancel your membership without warning or notice due to any breach of these terms and conditions, or for any other reason management may decide such as equipment damage or health and safety risks. All users of ASTA must report to reception before entering pool areas. An exercise safety screen must be completed before participation in any form of exercise at ASTA. When exercising please be considerate to other members by keeping to the left of the lane and selecting an appropriate paced lane for your individual ability. Management reserves the right to vary operating hours and timetables depending on demand, season, public holidays and other bookings. If there are any changes to operating hours or timetables, management will; where possible provide a minimum of two (2) weeks notice via email.
- 2. Notice by Email:** Any changes to terms and conditions, operating hours and/or timetables will be advised in writing by email.
- 3. Membership Fee:** Membership fees must be received in full prior to the commencement of the membership.
- 4. Joining Fee:** A joining fee of \$6.00 applies to all new members.
- 5. Membership Cards:** You are responsible for your membership card. If you lose your membership card please report it and another will be issued at the cost of \$6.00.
- 6. No Refunds:** All membership payments are non-refundable.
- 7. Validation:** All 10 Aquafit and 20 Aquaswim visit passes will be valid for a period of 12 months. Memberships will be valid for either 6 or 12 months depending on the membership purchased.
- 8. Timestops:** Timestops are available on request for reasons such as injury, illness or holidays. They are for a minimum of 7 days. There must be at least 7 days remaining on the membership to be considered for a timestop. Membership cards will be blocked during the timestop period. There is a limit of 2 timestops per calendar year.
- 9. Concession ID's:** To qualify for a "Concession Membership" a Pension Concession Card must be presented at the time of joining.
- 10. Showering:** All patrons must shower prior to entering the pool. This enables us to maintain excellent water quality for all patrons to enjoy. Showers are located on the pool decks of both pools and also in the change room facilities.
- 11. Duty of Care:** Supervision of lap lanes will be provided during the designated swim or aqua class times.
- 12. In the event of an Emergency:** If the centre was to be subject to an emergency evacuation, please do not panic but take the direction offered by the designated Warden. It is important that when moving through the centre during an emergency that you do not run. Please listen to instruction that is offered by the trained staff and follow it. In the event of a lockdown (weekdays only) the facility is then under the direction of Hills Sports High School in regards to this emergency.
- 13. Photography:** From time to time we may wish to take photos during programs for promotional purposes. Prior to any photography occurring, your authorisation will be sort. Please advise the Operations Coordinator or Facility Manager if you do not wish to be photographed. If you wish to take photos while at the centre, please seek permission of the Operations Coordinator or Venue Supervisor before doing so.
- 14. Responsibility:** I am aware the programs, classes and lap swimming can involve strenuous physical activity and that a risk exists that may cause serious injury or death. I declare I am physically capable to perform the activities on these premises. I acknowledge that I do not hold ASTA management, employees or contractors liable for any injuries caused. It is your responsibility to inform ASTA staff of any medical conditions that may impact on participation levels. Please speak to your doctor before undertaking any exercise program.
- 15. Privacy Policy:** ASTA is bound by the Privacy Act. No personal information will be provided to any third party without the direct consent of each member.
- 16. Lost/Stolen Items:** No responsibility will be taken for lost or stolen items from change room and pool areas.
- 17. Smoking and Alcohol:** ASTA is a smoke and alcohol free area. Please refrain from these activities within the boundaries of the centre.

Terms & Conditions of Membership Declaration

I have read the ASTA Membership Terms and Conditions

Signature _____

Date ____/____/____

Print Name _____