

# Enrolment Form

**Office Use** Members No.....

Please complete all sections.

## Part A - Personal Details

Name (self and partners): .....(for CONCESSIONS also see over)

Children: ..... DOB .....

..... DOB ..... (if more list at back)

Address: .....

Mobile/ Ph: .....Email:(please print clearly) .....

## Part B - Emergency Information

Do you have medication which may be needed in an emergency? **Yes/No** If yes please specify.....

Do you have allergies requiring administration of an EpiPen? **Yes/No** If yes, please specify: .....

Are there other medical conditions of which we should be made aware? If yes, please specify: .....

Emergency Contact: Name: ..... Phone: .....

If you are enrolling in lap and leisure swimming **only** please go straight to Part C.

## Part C - Pre-Exercise Questionnaire

**Circle if any of the following apply to you:**

- Anyone in your family under 60 who has suffered heart disease, stroke, raised cholesterol or sudden death.
- Male over 35 or female over 45 **NOT** used to regular exercise.
- Taking prescription medication.
- Hospitalised recently.
- Given birth in the last six weeks.
- Pregnant.

**Circle if you have or have had:**

- |                             |                                      |                                    |
|-----------------------------|--------------------------------------|------------------------------------|
| • Gout                      | • Heart Murmur                       | • Epilepsy                         |
| • Stroke                    | • Heart Condition                    | • Hernia                           |
| • Dizziness or fainting     | • Diabetes                           | • Rheumatic Fever                  |
| • Glandular Fever           | • High Blood Pressure $\geq 140/190$ | • Raised cholesterol/Triglycerides |
| • Stomach or Duodenal Ulcer | • Palpitations or Chest Pain         | • Liver or Kidney Condition        |

## Part D - Medical Clearance

If you **did not** circle any of the above please go to Part E over the page.

If you **did** circle one of the above, please take this form to your doctor and ask for clearance to exercise before starting any exercise program

OR

**Sign below if you have already cleared the above condition(s) with your doctor.**

Please give details of condition and related medications \_\_\_\_\_

\_\_\_\_\_

**Condition cleared:** Signature: \_\_\_\_\_ Date Cleared: \_\_\_\_\_

Part E (over the page).....

## Part E - Agreement for Participating

### WARNING: THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR RIGHTS

The 'Activity' refers to the participation in leisure swimming, lap swimming, learn-to-swim lessons, group classes, sauna, massage, individual gym or cardio training sessions group strength, fitness and conditioning training, assessments and general advice.

- I acknowledge that it is a condition of participating in this activity that I do so at my own risk

#### Please continue over.....

- I accept all risks and hereby indemnify and release Wynyard Fitness, the instructor, their agents, affiliates, employees, members, sponsors, promoters and any person or body directly and indirectly associated with the Trainer against all liability (including liability for their negligence and the negligence of others), claims, demands and proceeding arising out of or connected with my participation.
- This release and indemnity continues forever and binds my heirs, successors, executors, personal representatives and assigns.
- I acknowledge that participating in this activity may involve a risk of serious injury or even death from various causes including over exertion, dehydration, equipment failure and accidents with equipment and surroundings.
- I recognise the difficulties associated with the activity and attest that I am physically fit to participate safely in the activity and that a qualified medical practitioner has not advised me otherwise.
- I understand the demanding physical nature of this activity. I am not aware of any medical condition, injury or impairment that will be detrimental to my health if I participate in this activity. In the event that I become aware of any medical condition, injury or impairment that may be detrimental to my health if I participate in their activity the centre and the instructor will be immediately informed. By continuing to participate in this activity, I accept the risks despite these conditions and am still, and will always be under the terms of this agreement. I certify that I am 18 years and older and have read this document and fully understand it.

OR

- As a parent or guardian of the participant (a) I agree to the above on behalf of the participant and (b) I indemnify any person or body directly or indirectly associated with the conduct of the activity on the terms referred to.

In consideration of the Wynyard Fitness accepting my and/or my minor child/children/ward(s) enrolment or participation in Activities at the Centre, I hereby agree as follows:

#### ACKNOWLEDGEMENT AND ASSUMPTION OF RISK OF INJURY AND LOSS:

I have fully informed myself of all of the details of the Centre and its Activities and have received satisfactory answers to all questions I have concerning the Activities at the Centre and the risks inherent in these Activities and believe and represent that I and my minors have the necessary health, abilities, skills, and knowledge to participate in the Activities. I recognize and acknowledge that the Activities involves risks of bodily injury, death and property loss. I hereby agree to, and do, assume the full risk of any injuries, including death, and of any property loss, and of all expenses, costs, damages and losses that I, or my minors on whose behalf I am signing may sustain as a result of participating in any and all Activities connected with or associated with the Centre.

#### DISCLAIMER NOTICE:

I understand that any person entering the swimming pool area and using any of the facilities located in this area are advised by virtue of this notice that they are utilising such facilities entirely at their own risk and that they are fully aware that there are no life saving facilities of any nature provided and therefore indemnify the owners of this facility in full and shall have no claim of whatsoever nature against the owners including any claim from any injury/ bodily harm/death and/ or loss of property which could arise from the use of this facility.

#### DECLARATION:

I understand that individuals known to be suffering coronary heart disease, blood pressure, diabetes or other serious health conditions likely to impede or affect their ability to participate must seek the advice of their physician before undertaking strenuous exercise and that personal property is the responsibility of the users of Wynyard Fitness or their guardians or carers. I am aware that as a pool user I must always swim in the presence of at least one other person and that parents and guardians remain 'active supervisors' of their children at all times. All Wynyard Fitness clients accept and agree that Wynyard Fitness and associates can use any photos or videos taken for promotional purposes. I agree to abide by the rules and procedural requirements of the Wynyard Fitness Centre and the Conditions of Participation for each service/activity offered by the Centre. I understand that management reserves the right to change prices, opening hours and sessions or cancel classes and refuse entry to any individual at any time.

#### EMERGENCY CARE:

In the event of an emergency, I authorize the Centre to secure, from any licensed hospital, physician and/or other medical personnel, any treatment deemed reasonable and necessary for myself and/or my minor child/children/ward(s)' immediate care and agree that I will be responsible for payment for any and all such treatment rendered.

I/we,(name of all adults enrolling/guardian if under 18yrs) ..... have read, fully understand the above information and acknowledge that I/we have been given a personal copy of this agreement, and agree to abide by the requirements of Wynyard Fitness and the WAIVER & RELEASE OF ALL CLAIMS and execute it of my own free will and without any reservation whatsoever.

**SIGNED:** (all adults enrolling/guardian if under 18yrs) ..... **DATE:** .....

#### CONCESSION ONLY:

If you would like to apply for a CONCESSION rate, please complete the following details:

Aged/Disability Pension Card No. No:..... Expiry Date: .....

Student Card (16-18yrs) No:..... Expiry Date: .....(Please display all

The information contained will be treated as confidential and will not be released or revealed without your written consent.

**Office Use** Processed by.....Date: .....

[www.wynfit.com](http://www.wynfit.com)