

FITNESS AT THE AIS

Enrolment form



PERSONAL DETAILS

Given name

Family name

Date of birth

How did you hear about us? Please tick

- | | |
|---|--|
| <input type="checkbox"/> Word of mouth/ friends | <input type="checkbox"/> I'm a return customer |
| <input type="checkbox"/> FM104.7 / Mix 106.3 | <input type="checkbox"/> Chronicle |
| <input type="checkbox"/> Doctor / Physio | <input type="checkbox"/> Canberra times |
| <input type="checkbox"/> Internet/Website | <input type="checkbox"/> Other please list |
| <input type="checkbox"/> AIS staff/ work here | _____ |

Address

Age

Gender

Suburb

Postcode

Home telephone

Work telephone

Mobile

Email

- No, I do not want to receive fitness updates via email.

EMERGENCY CONTACT

Name

Telephone

Please indicate the program you are enrolling in:

- Fitness Recovery Program at the AIS

If you have ticked Recovery Program at the AIS please complete the following information.

Physiotherapist's Name

Telephone

Doctor's Name

Telephone

Please fill out below if your payment for the Recovery Program is being **directly** made by your insurance company.

Insurance Company Name

Insurance Reference Number

Insurance Case Manager's Name

Telephone

Please complete the medical questionnaire on the reverse of this page.

(Office use only)

Membership card number:

MEDICAL QUESTIONNAIRE

Thank you for selecting Swim and Fitness at the AIS. To help our staff serve you better, please answer all of the questions below by circling either 'Y' for yes or 'N' no and providing relevant information where requested.

NAME	AGE
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Date of last medical check

Part A — Have you ever suffered, or do you currently suffer, from any of the following?

1	High blood pressure	Y / N	6	Gout	Y / N
2	High cholesterol/triglycerides	Y / N	7	Stomach/duodenal ulcer	Y / N
3	Pain/tightness/chest	Y / N	8	Diabetes	Y / N
4	Rheumatic fever	Y / N	9	Epilepsy	Y / N
5	Any heart/stroke condition	Y / N	10	Liver/kidney condition	Y / N

If you answered 'Yes' to any of the questions in Part A **we strongly recommend** you to obtain a medical clearance from a physician before participating in any fitness activities.

Part B — Are you, do you have, or have you had, any of the following?

1	A family history of heart disease, stroke or raised cholesterol	Y / N	7	Any major injuries	Y / N
2	Asthma	Y / N	8	Regular headaches	Y / N
3	A hernia	Y / N	9	Pounding/palpitating heart	Y / N
4	Arthritis	Y / N	10	Chronic cough	Y / N
5	Back pain	Y / N	11	An infectious disease	Y / N
6	Muscular pain/cramps	Y / N	12	Prescribed medication	Y / N
			13	Pregnant	Y / N

If you answered 'Yes' to any of the questions in Part B and have not seen a GP in the last six months you should do so before starting an exercise regime.

Important — please read carefully

- I acknowledge that the activities I undertake at Swim and Fitness at the AIS carry certain risks to my health and that it is my responsibility to assess my level of fitness, identify any medical conditions that I may suffer from and seek appropriate medical advice where necessary, prior to participating in any fitness activities.
- I recognise that Swim and Fitness instructors are not able to provide medical advice regarding my fitness and that the information provided above is used only as a guide to determine the limitations of my ability to exercise.
- I assume the risk of and the responsibility for any injury, illness death or property damage resulting from my participation in any activities at Swim and Fitness at the AIS.
- In consideration of the Australian Sports Commission (ASC) allowing me to participate in an activity or to use the facilities and equipment of Swim and Fitness at the AIS, I agree to:
 - release the ASC, its officers, employees and agents from liability for any property damage, illness, personal injury or death incurred or suffered by me in connection with my participation in such activities or my use of such facilities and equipment; and
 - indemnify the ASC, its officers, employees and agents from and against all losses, damages, claims and expenses (including legal costs) incurred or suffered by them that are caused by me in connection with my participation in such activities or my use of such facilities and equipment, except to the extent that the liability, losses, damages, claims and expenses referred to in (a) and (b) are directly caused by the negligence of the ASC, its officers, employees and agents.

Name	Signature	Date
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Where the member is under 18 years of age a parent or legal guardian must accept the following conditions:

I have read and understood this document and request that my child be allowed to participate in activities and use facilities and equipment of Swim and Fitness at the AIS. I acknowledge that the terms above are binding on him/her. I agree to the release, and indemnify the ASC as if I were the person named in the final dot point above.

Name	Signature	Date
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Privacy statement

The ASC respects the privacy of your personal information. The information on this form is collected for the purpose of processing, managing and administering your membership. It will not be otherwise disclosed without your consent. If you wish to seek access to your personal information or have any questions regarding the handling of your personal information, contact the Privacy Contact Officer at privacy@ausport.gov.au