

# Membership form

Flinders University Sport & Fitness



# SPORT & FITNESS

## Personal Information

Name	:				
Address	:				
Suburb	:		Postcode	:	
Date Of Birth	:		Mobile	:	
E-Mail	:				
Pronoun	:	<input type="checkbox"/> He/ Him	<input type="checkbox"/> Her/ She	<input type="checkbox"/> They/ Them	
Do you play sport?	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	What sport do you play?	

## Direct Debit Membership (weekly payments)

Student	:	<input type="checkbox"/> Bronze (\$7.95)	<input type="checkbox"/> Silver (\$17.95)	<input type="checkbox"/> Gold (\$22.95)	
Staff	:	<input type="checkbox"/> Bronze (\$10.95)	<input type="checkbox"/> Silver (\$20.95)	<input type="checkbox"/> Gold (\$25.95)	
Other	:	<input type="checkbox"/> Bronze (\$12.95)	<input type="checkbox"/> Silver (\$22.95)	<input type="checkbox"/> Gold (\$27.95)	
Silver Membership:		Reformer :	<input type="checkbox"/> Rejuvenate :	<input type="checkbox"/> S & C :	<input type="checkbox"/>

I/We understand that this membership is a no contract Direct Debit membership. I must provide 2 weeks notice (14 days) to cancel my membership. Termination of a direct debit membership must be made in writing and submitted to FUSF.

I/ We understand there is a \$9.95 set up fee to be paid at time of sign up to be paid via POS.

Member initial : \_\_\_\_\_

## Direct Debit Payment Details

Account Name	:				
BSB	:		Account Number	:	
CC	:	<input type="checkbox"/>			

# FEARLESS

## Other Membership Options

7 Day Free Pass :	<input type="checkbox"/>	Membership Transfer :	<input type="checkbox"/>			Silver Membership Add On
Upfront Student :	<input type="checkbox"/>	3 month	<input type="checkbox"/>	12 month	Price :	<input type="checkbox"/>
Upfront Other :	<input type="checkbox"/>	3 month	<input type="checkbox"/>	12 month	Price :	<input type="checkbox"/>
Start Date :	<input type="text"/>					S & C :
Salary Sacrifice :	<input type="checkbox"/>	Pay Deduction :	<input type="checkbox"/>	Staff ID :	<input type="text"/>	

This agreement formalises the agreements between Flinders University (the University) and Flinders Campus community services (FCCS) through Flinders University Sport & Fitness. The arrangement is the provision of the use of the recreational facilities ('the services') operated and maintained by FCCS to nominated staff of the University on the payment of an agreed fee (the fee) per staff member. Any additional services are excluded from this agreement. The authorisation signatory accepts and agrees to the Membership conditions as well as authorising Flinders University Sport & Fitness to direct payments of the \*agreed amount for the minimum of 12 months (26 consecutive fortnights or 1 annual fee). Please note once the 12 month period expires a new arrangement will be required.

I agree to the terms and conditions above : \_\_\_\_\_ Fortnightly Payment \$ \_\_\_\_\_

## Adult Pre-Exercise Screening System (COMPULSORY)

This screening tool is part of the Adult Pre-Exercise Screening System (APSS) that also includes guidelines (see User Guide) on how to use the information collected and to address the aims of each stage. No warranty of safety should result from its use. The screening system in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by Exercise & Sport Science Australia, Fitness Australia, Sports Medicine Australia or Exercise is Medicine for any loss, damage, or injury that may arise from any person acting on any statement or information contained in this system.

1. Has your medical practitioner ever told you that you have a heart condition or have you ever suffered a stroke? YES / NO
2. Do you ever experience unexplained pains or discomfort in your chest at rest or during physical activity/exercise? YES / NO
3. Do you ever feel faint, dizzy or lose balance during physical activity/exercise? YES / NO
4. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months? YES / NO
5. If you have diabetes (type 1 or 2) have you had trouble controlling your blood sugar (glucose) in the last 3 months? YES / NO
6. Do you have any other conditions that may require special consideration for you to exercise? YES / NO

**IF YOU ANSWERED 'YES' to any of the 6 questions, please seek guidance from an appropriate allied health professional or medical practitioner prior to undertaking exercise.**

By signing this form you have read and agree to all the terms and conditions above. The information you have provided is true and correct.

Flinders University Sport & Fitness  
 Alan Mitchell Building  
 Registry Road, Bedford Park SA 5044  
 (08) 8201 2842 / sport.fitness@flinders.edu.au  
 www.onesportandfitness.com.au

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signed by Member/ Guardian

Staff Initial :

Inducted? :  YES / NO

**FEARLESS**