

Enrolment Form



Title: _____

First Name: _____

Surname: _____

Address: _____

Suburb: _____

Postcode: _____

Email: _____

Phone: _____

DOB: _____

Emergency Contact:

Name: _____

Relationship: _____

Phone: _____

Institution Details:

Yourimbah Membership No: _____

Student Number: _____

Staff Number: _____

TAFE: University: Other:

If Other, name of Institution: _____

Terms and Conditions

I acknowledge receiving and I have been given the opportunity to read and have read the Terms and Conditions and agree to be bound by those Terms and Conditions (as amended from time to time). I acknowledge that Yourimbah can change these Terms and Conditions at any time. Any changes come into force when posted to Yourimbah's website. All Terms and Conditions are available at www.yourimbah.com.au.

Signed: _____ Date: _____

Parent/Guardian Signature (if client under 18): _____ Date: _____

Parent/Guardian Name: _____ Phone: _____

STAFF ONLY

Pre-activity Questionnaire Returned: Y N

STAFF NAME: _____ Terms and Conditions Received I.D Sighted

Additional Notes:

Staff Member Signature: _____ Supervisor Confirmation: _____

Information Checked Date: _____

Paid:

Blood Pressure: _____ Staff Signature: _____

Height: _____ Weight: _____

Pre-activity Questionnaire

First Name: _____ Last Name: _____

Physical activity readiness questionnaire (PAR-Q) and you

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions.

Please read the questions carefully and answer each one honestly:

Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you feel pain in your chest when you do physical activity? Yes <input type="checkbox"/> No <input type="checkbox"/>
In the past month, have you had chest pain when you were not doing physical activity? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you lose your balance because of dizziness or do you ever lose consciousness? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a bone or joint problem that could be made worse by a change in your physical activity? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you know of any other reason why you should not do physical activity? Yes <input type="checkbox"/> No <input type="checkbox"/>	

If you answered YES to one or more questions:

Talk to your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

You may be able to do any activity you want - as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

Find out which community programs are safe and helpful for you.

If you answered No to all questions:

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal - this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

Delay becoming much more active:

- If you are not feeling well because of a temporary illness such as a cold or a fever - wait until you feel better; or
- If you are or may be pregnant - talk to your doctor before you start becoming more active.

Family check		Is there a history of.....			
Heart disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Stroke	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Raised cholesterol	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sudden death	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have ticked yes to any of the above, you will be required to seek medical clearance from your GP before commencing training

Previous and current conditions	
Have you had surgery in the past 2 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you suffer from asthma?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you pregnant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you given birth in the last 3 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lifestyle	
Are you dieting / fasting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you smoke?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What medication are you currently taking?	List Below

Injury History

	Date of Injury (Approximately)	Injury Status (Rehabbed or ongoing)	Details
Neck			
Shoulders			
Back			
Hips			
Knees			
Ankles			
Other			

Disclaimer

I acknowledge and agree the Yourimbah employees, including but not limited to personal training instructors, are not qualified to provide me with medical advice with regard to my medical fitness and that the information in this questionnaire is intended as a guideline only to the limitations of my ability to exercise. I have completed the questionnaire to the best of my ability and understand the advice above. I acknowledge that at all times whilst on Yourimbah Managed Facilities or under the instruction of Yourimbah employees, both my property and person shall be at my own risk. Yourimbah (and its employees, agents and contractors) will not be liable to me, and I release and indemnify Yourimbah (and its employees, agents and contractors) from and against any liability, for any loss, injury or damage howsoever caused (including through negligence) which I may directly or indirectly suffer in connection with my membership and/or my use of Yourimbah Managed Facilities. I acknowledge that I must be physically and mentally capable to undertake any activity I participate in. I acknowledge and agree that I make that judgement and that I undertake activities at my own risk. I acknowledge and agree that I must conduct myself at all times in accordance with the policies and procedures notified by Yourimbah to its members. I acknowledge that copies of the policies and procedures are displayed at Yourimbah Managed Facilities and are available to me on request. Your personal information is important to us and Yourimbah is committed to safeguarding your personal privacy. Unless you directly give us consent to do otherwise, Yourimbah will only collect and use your personal information as set out in its privacy policy. For more detailed information on Yourimbah Privacy Policy please contact us by phone on 4348 4260. For the purposes of this Form, "Yourimbah" is a registered business name belonging to Central Coast Campus Union Limited (ACN 099 237 340) and any reference to Yourimbah in this form is taken to be a reference to this company.

Signed: _____ Date: _____

Parent/Guardian (if applicable): _____ Date: _____