



MEMBERSHIP APPLICATION - AUFC

Applicants are required to fill out all sections below:

Given Name					
Surname					
Gender		Date of Birth	DD/MM/YYYY		
Address					
Phone					
Email					
Emergency Contact Name		Emergency Contact's Number		Their relationship to you	
Off-Peak Membership (please circle)	1 MONTH (\$20)	12 MONTHS (\$150)			
Standard Membership (please circle)	1 MONTH (\$45)	12 MONTHS (\$275)			

I apply to become a member of **THE SPORTS HUB INC (trading as the Fitness Hub) ABN 47 596 020 268 L5 Union House, The University of Adelaide (the "Fitness Business")** on the basis of this application ("**Membership Application**") and the attached membership terms and conditions ("**Terms and Conditions**") which together form a contract between us ("**Contract**").

<p>I acknowledge and accept the Terms and Conditions.</p> <p>SIGNED:</p> <hr style="border: 0.5px solid black;"/> <p>Name of Applicant</p>	<p>DATED:</p>
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I acknowledge that I have been given the option of choosing a membership based on either periodic billing or pre-payment. I have chosen to pay my membership by pre-pay my entire membership fee.

APPLICANT SIGNATURE: _____

Office Use Only:	
Form Received by	
Details Entered by	

ADULT PRE-EXERCISE SCREENING TOOL

This screening tool does not provide advice on a particular matter, nor does it substitute for advice from an appropriately qualified medical professional. 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 and Sports Science Australia, Fitness Australia or Sports Medicine Australia for any loss, damage or injury that may arise from any person acting on any statement or information contained in this tool.

Name: _____

Date of Birth: _____ Male Female Date: _____

STAGE 1 (COMPULSORY)

AIM: to identify those individuals with a known disease, or signs or symptoms of disease, who may be at a higher risk of an adverse event during physical activity/exercise. This stage is self administered and self evaluated.

Please circle response

1.	Has your doctor 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 in your chest at rest or during physical activity/exercise?	Yes	No
3.	Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?	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 I or type II) have you had trouble controlling your blood glucose in the last 3 months?	Yes	No
6.	Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise?	Yes	No
7.	Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise?	Yes	No

IF YOU ANSWERED 'YES' to any of the 7 questions, please seek guidance from your GP or appropriate allied health professional prior to undertaking physical activity/exercise

IF YOU ANSWERED 'NO' to all of the 7 questions, and you have no other concerns about your health, you may proceed to undertake light-moderate intensity physical activity/exercise

I believe that to the best of my knowledge, all of the information I have supplied within this tool is correct.

Signature _____

Date _____