

Details			
Surname		First Name	
Date of Birth		Gender	Male Female
Address			
Town		Post Code	
Telephone (H)		Mobile	
Email			
Emergency Contact Name & Number			
Disclaimer			
<p>The Kalannie Gymnasium operates on a 24 hours, seven (7) days basis and is accessible by members. The Kalannie Community Resource Centre (KCRC) has made every effort to ensure that its Gym Participation Policy has been prepared and implemented to promote safe and correct use of gym equipment to encourage a safe environment for all gym users. You accept and understand that there are obvious and inherent risks in the activities undertaken at the Kalannie Gymnasium and acknowledge that the activities you undertake whilst at the gym may involve a risk of physical harm and that participating in these activities voluntarily; you do so at your own risk. The KCRC, accept no liability for any loss or damage to property or death or personal injury however arising from your use of the Kalannie Gymnasium. All gym users are advised to seek medical consultation and clearance before commencing an exercise program.</p> <p>I acknowledge that I have read and understood the Terms and Conditions contained on this form. I agree to abide and to be bound by any special conditions contained within those terms.</p> <p>This agreement is subject to a 48 hour cooling off period.</p>			
Commences (date)	(time)	Concludes (date)	(time)
Signature:		Date:	

Membership Options

Your membership entitles you to 24 hour usage of the Kalannie Gymnasium, for a period of 12 months from the commencement date stated on this form.

Details		Please select
12 Month Annual Membership Paid Upfront	\$100.00	
12 Month Membership Paid Monthly	\$15.00	
12 Month Annual Membership Seniors and Concession Card Holders	\$50.00	
Casual Weekly Membership Paid Upfront (Non Resident)	\$15.00	
Key Deposit	\$10	

Kalannie Gymnasium Terms and Conditions

The recipients of this agreement do hereby apply for membership entry to the Kalannie Gymnasium, owned and operated by the Kalannie CRC, located 67 Roche St Kalannie, Western Australia. In consideration of the KCRC accepting the membership entry, I agree to be bound by the following terms and conditions:

1. All users must have lodged a completed membership form to obtain an access to the gym. A key lock box is located at the rear of Kalannie Hall. All members will have an access code.
2. The Kalannie Gymnasium equipment are for members only. Allowing non- members access into the equipment will not be tolerated and may result in cancellation of your membership.
3. The KCRC strongly urges that users seek advice from your Doctor if you suffer from any medical conditions, before you consider using the gym facilities. The completed pre – activity questionnaire is required upon obtaining membership for the gymnasium.
4. Ensure the utmost care will be taken within the gym and the equipment provided. Please report any defective or damaged equipment to the KCRC as soon as possible.
5. Ensure that the Gym is kept clean at all times.
6. The KCRC has provided this gym and hopes the community will support the venture. The venue will not be supervised and it is hoped users will look after the venue. **Remember, you enter at your own risk.**
7. Members are to sign in and out.
8. It is advised that you have the correct attire while exercising e.g. comfortable clothing, good sports footwear, towel and water bottle. No bare feet, football boots or thongs allowed. All equipment is to be used with a towel and wiped off with sanitary wipes provided after each use.
9. **No persons under 18** shall be permitted to use Kalannie Gym Equipment.
10. **This agreement is subject to a 48 hour cooling off period.** Should a member wish to cancel the membership within the 48 hour cooling off period, the member is required to contact the Kalannie CRC Management and request cancellation of the membership. A full refund will be given.
11. After the 48 hour cooling off period members may only terminate the 12 Month agreement if they leave the area or have a medical condition, medical certificate required.
12. The KCRC is under no obligation to refund the membership fees if the member changes their mind after the cooling off period.

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 _____

EXERCISE INTENSITY GUIDELINES

INTENSITY CATEGORY	HEART RATE MEASURES	PERCEIVED EXERTION MEASURES	DESCRIPTIVE MEASURES
SEDENTARY	< 40% HRmax	Very, verylight RPE# < 1	<ul style="list-style-type: none"> Activities that usually involve sitting or lying and that have little additional movement and a low energy requirement
LIGHT	40 to <55% HRmax	Very light to light RPE# 1-2	<ul style="list-style-type: none"> An aerobic activity that does not cause a noticeable change in breathing rate An intensity that can be sustained for at least 60 minutes
MODERATE	55 to <70% HRmax	Moderate to somewhat hard RPE# 3-4	<ul style="list-style-type: none"> An aerobic activity that is able to be conducted whilst maintaining a conversation uninterrupted An intensity that may last between 30 and 60 minutes
VIGOROUS	70 to <90% HRmax	Hard RPE# 5-6	<ul style="list-style-type: none"> An aerobic activity in which a conversation generally cannot be maintained uninterrupted An intensity that may last up to about 30 minutes
HIGH	≥ 90% HRmax	Very hard RPE# ≥ 7	<ul style="list-style-type: none"> An intensity that generally cannot be sustained for longer than about 10 minutes

= Borg's Rating of Perceived Exertion (RPE) scale, category scale 0-10