

YRCC GYMNASIUM NEW MEMBERSHIP

Form For 2020/21



Member Details

Surname: _____ First name: _____

Date of Birth: _____ Home Phone: _____ Mobile: _____

Residential Address: _____

Postal Address: _____

Email Address: _____

Emergency Contact / Next of Kin

Surname: _____ First name: _____

Relationship: _____ Home Phone: _____ Mobile: _____

Type of Membership

	1 month	3 months	6 months	12 months
Junior	\$45 <input type="checkbox"/>	\$91 <input type="checkbox"/>	\$154 <input type="checkbox"/>	\$255 <input type="checkbox"/>
Age Pensioner	\$45 <input type="checkbox"/>	\$91 <input type="checkbox"/>	\$154 <input type="checkbox"/>	\$255 <input type="checkbox"/>
Permanent Disability	\$45 <input type="checkbox"/>	\$91 <input type="checkbox"/>	\$154 <input type="checkbox"/>	\$255 <input type="checkbox"/>
Senior	\$67.50 <input type="checkbox"/>	\$136 <input type="checkbox"/>	\$230 <input type="checkbox"/>	\$383 <input type="checkbox"/>
Adult	\$90 <input type="checkbox"/>	\$181 <input type="checkbox"/>	\$307 <input type="checkbox"/>	\$510 <input type="checkbox"/>

Gym Fob Bond (Applies to memberships 1 & 3 months only) \$50

Date of Joining: _____ Date of Expiry: _____

*NO pro rata memberships available

**Junior 13 – 17 years old, Parent / Guardian permission and signature required

GL Code - 113243

Please turn over to continue

OFFICE USE ONLY

Aged Pensioner/Senior Card Number: _____ Receipt Number: _____

Gym Toggle Number: _____

Signed Gym Instructor Induction letter attached Copy of Proof of Gym Membership (if applicable) Signed Medical Condition letter attached (if applicable)

Please Note: as per Fair trading laws, a 48hr cooling off period applies to this membership. Cancellation of membership after this time does not attain any discount or refund.

ACKNOWLEDGEMENT OF ASSUMPTION OF RISK, RELEASE AND INDEMNITY AGREEMENT

I, _____, for the purpose of being allowed to participate in activities at the Shire of York Gymnasium, agree to acknowledge and accept the following conditions of use:

- If I have any known or medically diagnosed conditions that may adversely affect my ability to participate in gymnasium activities, medical advice will be obtained prior to applying for gym membership. Any subsequent medical recommendations and/or restrictions will then be strictly adhered to. (These conditions/injuries can include, but are not limited to, sprains, strains, back injuries, previous heart issues, diabetes etc).
- I realise it is in my best interest to consult a doctor before engaging in any physical training and will ensure my health is of an adequate level so as to safely utilise the community gym facilities.
- I am a free agent in choosing to use the gym and am under no obligation by the centre to use its facilities, nor am I being paid to do so.
- I acknowledge and declare that during such times as I am present on the premises and its immediate surrounds, both my property and my person shall be so at my own risk. I will not hold the Shire of York (or any of its employees or contractors) liable for any personal injury or loss of or damage to property, however caused.
- I commit to observing and abiding by all rules, regulations and advice within the gym and surrounding complex, inclusive of any signage, verbal instruction or email correspondence from the Shire of York or YRCC staff and contractors. I understand my membership may be suspended or cancelled should I repeatedly disregard instructions/rules and that I will be notified in writing by the Shire prior to this occurring.
- I accept that it is my responsibility to utilise the gym facilities and equipment in a safe manner. I have undergone a thorough induction into the appropriate and safe use of all equipment before commencing gym use (induction letter attached or induction letter and proof of membership if current/recent member of another gym). I will seek qualified advice, if ever I am in doubt. If I do not observe safety guidelines, I acknowledge that I am at risk of serious injury.
- I acknowledge that the security access toggle that I have been provided with, may electronically store all personal details I have supplied on this form, inclusive of membership expiry, and that the toggle will cease activation at 11pm on the final day of my membership period. I am also aware that it will electronically record all details of my access to the gym area. I further acknowledge that this toggle remains the property of the Shire of York and must be returned within 3 working days of membership expiry, unless a renewal form is completed, and the relevant fee paid. **I am aware that failure to return my allocated toggle upon expiry will result in the Shire of York issuing an invoice for \$50 as replacement cost for the toggle and the same fee will also apply if I misplace, damage or lose my allocated toggle and request a replacement be issued.**
- I will promptly notify the Shire of York if I perceive any risks or hazards within the gym and surrounds, in order to ensure a safe environment for all gym members.
- I will not allow any non-members access to the gym facilities or equipment, at any time.
- I hereby forever release the officers of the Shire of York from all liability for any and all damages. I acknowledge that participation is entirely by my own choice and understand the risk of accidental injuries possible from any activity within the gym.

WARNING

Any activity involving physical exercise creates the possibility of accidental injury. The Shire of York Gym and its equipment is intended for use only by registered, fully paid and inducted members, inclusive of the individual signed below. Gym use without previous instruction is dangerous and should not be undertaken. Before commencing your workout, know your own limitations and the those of the equipment you plan to use.

Member Signature: _____ Date: _____