



MEMBERSHIP APPLICATION FORM

FIRST NAME: _____ STUDENT/STAFF ID (If applicable): _____

LAST NAME: _____ MR/MRS/MS: _____

HOME PH: _____ D.O.B: _____

MOBILE NO: _____ WORK PH: _____

EMERGENCY CONTACT: _____ PH: _____

EMAIL: _____

ADDRESS: _____

SUBURB: _____ POSTCODE: _____

How Did You Hear About Us?

Web Friend Yellow Pages Brochure/Flyer Outdoor Signage Walkby

Are you a UTS Union Advantage Program Member? YES NO

Note: By supplying your email address and mobile phone number you agree that UTS Union Ltd may contact you via email or SMS with news of special offers, the latest equipment, or exercise classes available at the UTS Union Fitness Centre.

Please tick the following box ONLY if do not want to receive any updates

Your Privacy: UTS Union Ltd is committed to protecting your privacy and as such will not disclose your personal information without your consent to anyone other than its authorized staff and only collects such information as is reasonably necessary to enable UTS Union to provide its products and services. Visit www.utsunion.uts.edu.au for further information about the UTS Union Privacy Policy.

Membership Card: Your membership card is required for every visit to the gym. If lost please report to reception and a replacement card will be issued for \$5

Payment of Fees: Your membership fees must be paid on time or attendance may be refused. The terms of your membership stand whether you avail yourself of the facilities or not (it is your responsibility to attend the gym). You will be responsible for any changes for late payment of fees.

Timestop: Timestop is an entitlement with Direct Debit, 12 and 6 month memberships that are financial. A \$10 fee is required for all timestop transactions. The minimum period is 2 weeks; the maximum period is 2 months. Only one timestop per membership.

Dress: Members and guests must be dressed appropriately, including training shoes, which must be worn at all times in training areas.

Personal Training: Anyone acting as a Personal Trainer at this facility must be registered with the UTS Union Ltd Fitness Centre to do so.

General Policy: You are required to bring and use a sweat towel when training and to bring a padlock to secure a locker. No bags are allowed in the training areas.

AGREEMENT: I agree to adhere to the regulations and standards as directed by Management and Staff of UTS Union Ltd Fitness Centre. I understand that failure to do so may result in cancellation of my membership. I also understand that membership is **not transferable** and **non-refundable** and that operating hours, classes and costs may be subject to change. A cooling off period of 7 days applies to **memberships of 3 months or longer**.

I acknowledge that I have been given the option of choosing a membership based on Direct Debit or pre-payment.

General Release:

It is my expressed intent in signing this, to release UTS Union Ltd Fitness Centre, its Officers, Directors and Owners from any and all claims for Professional or General Liability which may arise as a result of my participation at their facility and I take full responsibility for myself. I also understand that I shall be liable for any property damage or loss, and/or personal injury occurring as a direct result of my own actions.

Physical Activity Readiness Questionnaire

	YES	NO
1. Has the Doctor ever said that you have a heart condition and recommended only medically supervised activity?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have chest pain brought on by physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever experienced chest pain?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has your doctor ever recommended medication for your blood pressure or heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have bone or joint problem that could be aggravated by physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you, on one or more occasions, lost consciousness or fallen over as a result of dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have, or have you ever had	<input type="checkbox"/>	<input type="checkbox"/>
:Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
:Lung Disorder	<input type="checkbox"/>	<input type="checkbox"/>
(e.g. Asthma, Emphysema)		
:Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you aware, through your own experience or a Doctor's advice, of any other physical reason that would prohibit you from exercising without supervision?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to any of the above questions, it is your responsibility to see your physician or healthcare provider before increasing your physical activity and provide us with a physician's clearance.

If your condition is something you manage yourself, please provide details below:

Signature of Applicant _____

OFFICE USE ONLY:	
Staff Name _____	
Date Received: _____	Date Recorded: _____
Membership No: _____	Debit Success: _____

