



SAINT KENTIGERN

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Old Collegians Fitness Centre Personal Information Form

Personal Details			
First Name:		Graduating Year:	
Last Name:		Student Number:	
Physical Address:			
Home Number:		Mobile Number:	
Email:			
Emergency Contact			
First Name:		Relationship:	
Last Name:		Contact Email:	
Contact Number:			
Physical Address:			

Medical Details	
Questions	Circle Answer
Has your doctor ever said that you have a heart condition?	Yes/No
Have you been told you should only do physical activity recommended by a doctor?	Yes/No
Do you have any current medical conditions?	Yes/No
If Yes, Please Explain:	
Do you feel Pain in your chest when you do physical activity?	Yes/No
In the past month, have you had chest pain when you were not doing physical activity?	Yes/No
Do you lose balance because of dizziness or have you ever lost consciousness?	Yes/No
Do you have bone or joint problem (for example, back, knee, or hip) that could worsen during exercise?	Yes/No
Is your doctor currently prescribing medication for you i.e. for blood pressure or heart condition etc.	Yes/No
If Yes, Please Explain:	
Do you know of any other reason why you should not do physical activity?	



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User Agreement

Rules and Expectations	SKTB require you to follow additional rules during the course of your membership, these are stated in the Old Collegians information and expectations form. These Rules and Expectations are subject to review and change. I will ensure that I will follow these procedures. I will be responsible for any actions or inaction if these procedures are not followed.
Information	<p>I understand that SKTB will ensure, so far as is reasonably practicable, the health and safety of participants, workers, volunteers and others whilst using SKTB facilities and equipment.</p> <p>I understand that I will be involved in the explanation, learning and demonstration of safety procedures associated with an activity prior to use.</p> <p>I know that I am able to ask any questions of SKTB about the activities I will be involved in during the induction process, to gain a better understanding of the hazards and risks involved. I recognise that participation in such activities is voluntary and not mandatory. I understand that I may withdraw from any activity if I feel at risk. This must be done in consultation with the person in charge and where the safety of self or others is not compromised.</p>
Damage	If I cause damage to the Fitness Facilities or to our Services that is deemed deliberate or negligent or a direct breach of these Terms you will be liable to SKTB for the reasonable cost of repair and replacement. You acknowledge that such costs will be recoverable via the payment method used to pay your membership fees. You are solely responsible for any damage you cause to SKTB and Services, if such damage is caused by your wilful act or negligence.
ID Access	Access cards are not transferable and must be shown to gain entry to the Fitness Facility. SKTB reserves the right to take photo identification at the commencement of your membership for security purposes.
Personal Property	You acknowledge that you are responsible for your own belongings whilst at the Fitness Facility. I understand that SKTB does not accept responsibility for loss or damage to personal property and that it is my responsibility to check my own insurance policy.
Security	For security purposes, you acknowledge and accept that SKTB may utilise video and audio surveillance equipment to monitor the Fitness Facility on a 24 hour basis. Video and audio surveillance is limited to the floor area only, and is not within the walls of the bathrooms or changing areas.
Outside Guests	You may not bring a non-member/non-Old Collegian to our Fitness Facility during any point in time. If you allow a non-member to access the Fitness Facilities your access maybe restricted or deactivated.
Medical	It is your responsibility not to use our Fitness Facility and Services which may adversely affect any medical condition. You warrant that to the best of your knowledge you do not have any physical, medical or other disability or condition which may be affected or aggravated by, or which may result in any sickness, injury or death to you as a result of, your use of our Fitness Facility or Services.
Liability	If SKTB has taken reasonably practicable precautions to ensure safety, and I / my child act outside of the instructions or information given, then I acknowledge that it is done at my own / my child's risk and I release SKTB and all other members and officers of SKTB from liability for the consequences of the actions or inaction.



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Terms and conditions	SKTB reserves the right to amend or vary these Terms, at any time upon reasonable notice, for minor matters or where the variations result from matters outside the control of SKFC. The amendments will be proposed on the OLE website or via signage at the Fitness Facility. Your continued access or use of the Services after such posting constitutes consent to be bound. The variations and amendments shall prevail over these Terms in the event of a conflict with respect to the applicable Services.
Risk	I have read the above information and I understand that there are risks associated with involvement in the fitness activities and that these risks cannot be completely eliminated. Hazards and risks exist in these activities that may result in serious injury or even death.

Annual Payment (Calendar Year)			
Fee: \$60.00	Payment type	Eftpos	Credit card
Account N.O.	ANZ 06-0101-0080345-03		
Reference	Name and OCFCM		
Please note that the payment of \$60.00 is for the calendar year, no matter the date of payment			

Acknowledge			
First Name:		Signature:	
Last Name:		Date:	
By signing, you acknowledge that you have received, read and understood these Terms and conditions laid out in the Old Collegians information form, and that you agree to and are bound by these Terms for the duration of your membership of the calendar year. I verify that the above information is accurate on this date.			