



Membership/Casual User Agreement

MEMBER NUMBER:

MEMBERSHIP TYPE:

- Direct Debit
- Paid in Full

CONTACT DETAILS

TITLE: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other _____		DOB: ____ / ____ / ____
GIVEN NAME:		FAMILY NAME:
PREFERRED NAME:	PHONE:	EMAIL:
ADDRESS: _____ SUBURB: _____ POSTCODE: _____		I am eligible for the following membership type/entry rate: <input type="checkbox"/> QUT Staff* <input type="checkbox"/> QUT Student* <input type="checkbox"/> General Public <input type="checkbox"/> External Student* <input type="checkbox"/> QUT Alumni* <input type="checkbox"/> Concession/Senior Card Holder* <input type="checkbox"/> Corporate Partner* *Proof of eligibility must be supplied
EMERGENCY CONTACT NAME:		EMERGENCY CONTACT NUMBER:

HOW DID YOU HEAR ABOUT THE YMCA?

Friend / Family
 Signage
 Internet
 Facebook
 Flyer / Brochure
 Other (specify) _____

ARE YOU INTERESTED IN THE FOLLOWING SERVICES?

<input type="checkbox"/> Personalised Fitness Program	<input type="checkbox"/> Specialised Classes	<input type="checkbox"/> Exercise Physiologist	<input type="checkbox"/> Learn to Swim
<input type="checkbox"/> Group Fitness Classes	<input type="checkbox"/> Personal Training	<input type="checkbox"/> Swimming Training	<input type="checkbox"/> Facility Hire

MEDICAL HISTORY

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	Yes	No
1. Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?		
2. Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?		
3. Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?		
4. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?		
5. If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months?		
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?		
7. Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise?		
8. Are you willing/able to wear a face mask while attending the YMCA facility as required by either the YMCA or a Public Health directive?		
9. Do you have written medical advice confirming you are unable to wear a face mask while attending the YMCA facility as required by either the YMCA or Public Health Directive?		
10. Are you willing to provide a copy of the written medical advice for YMCA records?		

IF YOU ANSWERED 'YES' to any of the 7 questions, please provide relevant information as you may be asked to provide a medical clearance from your GP or appropriate allied health professional prior to undertaking physical activity/exercise. **NOTES:**

TERMS AND CONDITIONS OF FACILITY USE

- **Warning of potential harm and accepting of risk**
 - o I/we understand and acknowledge, that whilst all reasonable care and skill is taken by the YMCA to ensure safe equipment, facilities and services, there are inherent risks of injury or ill-health resulting from the use of the gym & pool facilities, use of gym equipment and from participating in physical activity and exercise in general.
 - o I/we understand that these risks may result in various injuries, including, but not limited to, minor cuts and bruises, muscle strains, ligament and tendon sprains, bone fractures, neck and spinal damage, heart-attack, stroke, death or psychological illness.
 - o I/we understand that these injuries or illnesses may impact my future ability to earn a living, engage in other business, social and recreational activities and generally enjoy life.
 - o I/we understand that injuries may be incurred as a result of the actions or inactions of other persons utilising the gym & pool facilities.
 - o I/we understand and appreciate the inherent risk and potential impact of the types of injuries or illnesses that may result from use of the gym & pool facilities and agree that I/we am/are willingly and voluntarily participating in the use of gym & pool facilities and gym equipment.
 - o I/we understand that I/we may be required to provide a certificate from a registered medical practitioner prior to being granted permission to participate in any exercise programs.
- **Indemnity and Waiver of Liability**
 - o In consideration of the known risks and potential for serious injury to the extent permitted by law, I and on behalf of my family, parents, guardians and personal representatives or executors hereafter, hereby agree to forever hold harmless, release and indemnify the YMCA, it's officers, employees, volunteers, agents and representatives from any and all claims, actions, suits, demands, losses and other liabilities and costs (including court costs, legal and investigation fees or other expenses incurred) however so caused, in relation to any physical or psychological injury or illness or contraction of disease (including any adverse change of any injury, medical condition or state of health, whether permanent or temporary) resulting from the use of, including, but not limited to, the YMCA facilities, equipment or services.
 - o Members/guests' are required to follow the YMCA code of conduct, all safety rules, instructions or directions provided by the YMCA of Brisbane employees or volunteers at all times, including wearing appropriate swimming attire in the pool, suitable clothing in the gym including enclosed footwear and singlet or shirt with shorts or pants and the use of an appropriately sized towel on all equipment.
 - o For their own safety children are not allowed into the group fitness, gym areas or aquatic facilities unless of the correct age to hold their own membership. See facility for the age policy.
 - o The information we collect by your completion of this document is for the purposes of properly providing our services to you/your dependant, it will remain confidential and will be used strictly in accordance with the YMCA of Brisbane privacy policy.
 - o The YMCA of Brisbane will not be held responsible for the damage or theft of any member's/guest's personal property.
 - o I/we agree to inform YMCA management, employee or volunteer of any conduct or a condition that might endanger myself or others.
 - o I/we have, to the best of my knowledge, provided the YMCA with an honest and truthful indication of my health as indicated in the medical history section of this document.

ACKNOWLEDGEMENT

Members Signature: _____	Date: ____ / ____ / ____
Guardian Signature: _____	Date: ____ / ____ / ____

DIRECT DEBIT CUSTOMERS' AUTHORITY

I/We authorise the YMCA of Brisbane (APCA user ID Number 051767) to arrange for funds to be debited from my/our account as prescribed through the Debit Success Billing System. This authorisation is to remain in force in accordance with the terms described in the YMCA of Brisbane Direct Debit Request Membership Agreement as stated below in addition to the Debit Success Billing System terms & conditions. I/we agree:

- To pay a joining fee of \$ _____, and a minimum fortnightly payment of \$ _____ deductible from the bank account for a minimum period of _____ months from ____ / ____ / ____.
- That payment will continue to be deducted from my/our account after the minimum period and until I/we provide the YMCA with 30 days' written notice, inclusive of 2 payments, for cancellation.
- That all changes to memberships must be made and signed in person at the centre on a customer request form to ensure confidentiality of account details and accuracy of records.
- That any request for early cancellation of this direct debit membership will only be granted at the discretion of the YMCA of Brisbane, however, in the event of an early cancellation on a 12month membership being approved, this will incur a \$110 fee to be charged with 30 days' notice, inclusive of 2 payments.
- That should a request to transfer an existing membership to a new member be authorised, a transfer fee of \$55 will apply.
- To inform the YMCA of Brisbane in writing of any change in my address, and that failure to do so will not mitigate my/our responsibility in maintaining the above payments.
- That the YMCA of Brisbane has the right to increase payments in accordance with centre price rises, and that I/we will be given a minimum one month's notice of such increases.
- That it is my/our responsibility to ensure sufficient funds will be available for payments and acknowledge that as per the terms & conditions of the Debit Success Billing System, a payment dishonour fee of \$10 may be incurred.
- That when the bank rejects a payment, this amount will remain due and payable. An alternative payment must be made, otherwise the rejected amount plus the dishonour fee will be added to the following direct debit payment.
- That this agreement entitles the member to the usage of equipment and resources at Gardens Point & Kelvin Grove Fitness & Aquatic in accordance with this document. Failure to use the equipment and resources of Gardens Point & Kelvin Grove Fitness & Aquatic does not excuse the member from other obligations contained within the document.
- That opening hours & services are subject to change and these changes will be advertised prior.
- That while all Global memberships include use of facilities with 24/7 operations, access is during staffed hours only.

Member Signature: _____ Date: ____ / ____ / ____

Guardian Signature: _____ Date: ____ / ____ / ____ Guardian Full Name: _____

Is your guardian and emergency contact the same person? Y / N If no, please provide guardian contact number: _____

UPFRONT TERM MEMBERSHIP AGREEMENTS ONLY

I/we hereby agree to pay the sum of \$ _____ for a term membership of _____ months.

TERMS AND CONDITIONS OF MEMBERSHIPS

- Payment**
Payment of this membership may be made via Cash, Credit Card, Eftpos or Direct Debit (direct debit membership only).
- Cooling-off Period**
This contract of membership can be voided within 48 hours of joining. All terms and conditions are binding after this 48 hour period. All membership fees are refundable within the 48 hour cooling-off period, excluding the joining fee.
- Cancellation**
After the cooling-off period, memberships will not be refunded. In the event of permanent disability or sickness refunds may be granted where a letter from a medical practitioner detailing the disability or sickness is provided.
- Suspension**
Suspension requests must be received in writing 3 days prior to commencement of suspension. All suspensions are complimentary within the membership maximum suspension periods (as shown below). All suspended times outside these periods, may incur a suspension fee (please see centre for fee amounts). Extensions will also be permitted for sickness/injury on presentation of a medical certificate. Suspension period is NOT part of the minimum term or the cancellation period.
Membership MAXIMUM suspension periods as follows:
Student and QUT Staff memberships – 4 months per year
All other memberships – 2 months per year
- Change of Membership**
To ensure accuracy of records, all changes to memberships, must be made in writing and signed in person at the facility on a Customer Request Form.
- Transfer of Membership**
Transfers are eligible on 12month upfront memberships, a transfer fee of \$55 will apply.
- 10 Visit Passes**
All 10 visit passes have an expiry date of 6 months after date of purchase.
All 10 visit passes can only be used by the named pass holder and are non-transferrable.
- Membership Cards**
Membership cards must be presented before entering gym & pool facilities.

ACKNOWLEDGEMENT OF MEMBERSHIP CONDITIONS

- I/we confirm I/we have read and understood all terms and conditions of this agreement and have been provided the opportunity to ask for clarification of any aspect of this document and provisions.
- I/we agree that I/we voluntarily use the YMCA facilities and services and sign this agreement with full intent of abiding by the stated terms and conditions, including releasing the YMCA, its employees, volunteers and agents of liability or loss due to inherent risk of the activity or due to ordinary negligence of the provider.
- I/we understand that I/we am/are signing a legal contract relinquishing certain legal rights, including the right of financial recovery in the event of injury, illness or ill-health brought about from my/our use of the YMCA facilities or services.
- I/we understand this agreement supersedes any and all previous oral or written promises or agreements.
- I/we understand if any part of this agreement is deemed to be void, this will have no effect on the remainder of the agreement.

Members Signature: _____ Date: ____ / ____ / ____ Time: _____ am / pm

Guardian Signature: _____ Date: ____ / ____ / ____ Time: _____ am / pm

SAFEGUARDING CHILDREN & YOUNG PEOPLE - The YMCA is committed to Safeguarding children and young people and has a range of policies and procedures to keep children and young people safe. Details of these policies are available at: www.ymcabrisbane.org along with information on YMCA's obligation to report child safety concerns, and how you can report child safety concerns.