

BRAIN-MUSCLE SYSTEM

1. Does your child have, or has your child had difficulty/problems with any of the following?

Vision Motor sensory skills Hearing Poor balance/instability Speech/language Sleep apnoea

2. Has your child ever experience a brain or spinal injury? Y N

3. Does your child experience difficulty in the skill of:

Climbing up stairs Walking down stairs None of the above

SPECIAL CONDITIONS

1. Does your child use a 'puffer' or 'ventilator' for asthma? Y N N/A

2. Does your child self-administer Insulin for Diabetes? Y N N/A

3. Does your child have any chronic disability or chronic illness? Y N

If yes, please indicate the condition Cerebral Palsy Hypermobility ADHD Obesity Down Syndrome
 Intellectual impairment Other (please specify)

4. Is your child allergic to food, medications, pollens or other allergies or specific environments? Y N

If yes, please explain what causes have been identified with this/these allergy/ies

5. Does your child follow a special diet? Y N

6. Has your child ever been diagnosed with a nutritional deficiency (such as an iron deficiency)? Y N

If yes, please specify the nutritional deficiency

UNIGYM CARES ABOUT YOUR CHILDS HEALTH...

* Please note that following your completion of the EXPAPA, if in our assessment of the risk factors we deem a medical clearance is required, access to Unigym facilities will not be permitted until a clearance certificate from a general practitioner is received by the centre.

**APPLICATION FORM
JUNIOR MEMBERSHIP
2012**



LAUN

PERSONAL DETAILS

Surname		First name	
Date of Birth	School	M / F	
Phone (h)	Mobile		
Postal Address			
State	Postcode	Email	

[PLEASE COMPLETE ALL SECTIONS]

EMERGENCY CONTACT INFORMATION

Parent/Guardian Name	
Phone	Mobile
Doctor's Name	Contact Phone

PROOF OF AGE DOCUMENT

Please tick your category

<input type="checkbox"/> Student Card
<input type="checkbox"/> Passport
<input type="checkbox"/> Birth Certificate

OFFICE USE ONLY

Card No. _____	Valid Y / N
Card No. _____	Valid Y / N
Card No. _____	Valid Y / N

To help us continually improve our services please answer the following questions:

How did you hear about Unigym?
 Friends UTAS Media Unigym Website Other (please specify) _____

What activities or facilities have brought you to Unigym?
 Les Mills Fitness Classes Zumba Circuit Classes Yoga & Pilates Spin Pump
 Cardio Equipment Resistance Equipment
 Tennis Squash Sports Hall Dojo
 Other (please specify) _____

What time of the day are you most likely to visit?
 6.15am to 9am 9am to 1pm 1pm to 4pm 4pm to 7pm 7pm to 9.30pm

What day are you most likely to visit?
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What is the main reason you joined Unigym?
 Cost of Memberships Facilities Friends Opening Hours Programs/classes available
 Location (convenient) Staff Reputation Other (please specify) _____



EXERCISE AND PHYSICAL ACTIVITY READINESS ASSESSMENT OF CHILDREN AND YOUNG ADOLESCENTS (EXPAPA)*

Important information for parents/guardians

The purpose of this form is to ensure we provide every child and/or adolescent with the highest level of care. For most children, physical activity provides an opportunity for children and adolescents to have fun and promotes the basis for good health and an enhanced quality of life for the future. However, there are a small number of children or adolescents who may be at risk when participating in an exercise/physical activity program. We ask therefore that you read and complete this questionnaire carefully and return it to a Unigym staff member in charge. The information in this form is confidential and is subject to the laws and regulations contained in the Privacy Laws enacted in December 2001.

GENERAL HEALTH

1. Has your child had surgery in the previous 12 months? <input type="checkbox"/> Y <input type="checkbox"/> N
2. Are you aware of any medical reason/condition which might prevent your child from participating in an exercise program? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please explain
3. What are your child's favourite hobbies and interests?

HEART-LUNG-OTHER SYSTEMS

1. Does your child have, or has your child had: <input type="checkbox"/> A heart condition (please specify) <input type="checkbox"/> Diabetes (Type I or II – please specify) _____ <input type="checkbox"/> High blood pressure (specify when last taken) <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> High cholesterol <input type="checkbox"/> Unexplained coughing during or after exercise <input type="checkbox"/> Breathing problems or shortness of breath (for example, asthma, emphysema)
2. Does your child experience or has your child experienced: <input type="checkbox"/> Epilepsy or seizures/convulsions (if yes, is it at rest or during exercise?) <input type="checkbox"/> Fainting <input type="checkbox"/> Dizzy spells <input type="checkbox"/> Heart stroke/heart-related illness <input type="checkbox"/> Increased bleeding tendency/haemophilia <input type="checkbox"/> Other (please specify)
3. Does your child have, or has your child had, an eating disorder? <input type="checkbox"/> Y <input type="checkbox"/> N
4. Does your child take any medications for (please name) <input type="checkbox"/> Heart problem <input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Attention Deficit Disorder (ADD) <input type="checkbox"/> Asthma, breathing problems <input type="checkbox"/> Allergies <input type="checkbox"/> Blood pressure <input type="checkbox"/> Other (please specify)
4.1 If your child is taking any medication, please state if there are any side effects experienced as a result of taking this medication.

MUSCLE-BONE SYSTEM

1. In the last six months, has your child had any muscular pain while exercising? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please explain and indicate where the pain has occurred (eg. 'pain in the back of the right heel' or 'pain on the inside of the right elbow') 1.1 Has a doctor treated this pain? <input type="checkbox"/> Y <input type="checkbox"/> N
2. In the last six months, has your child experienced joint pain, or pain in the bones? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please explain and indicate where the pain has occurred (eg. 'front of right leg' or 'behind the knee bone') 2.1. Has this joint pain, or pain in the bone been treated by a doctor? <input type="checkbox"/> Y <input type="checkbox"/> N 2.2 Has your child broken any bones or suffered injury to their bones in the last 12 months? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please explain where and how the break/injury occurred:

MEMBERSHIP TYPE

Please tick the membership you wish to purchase

12-13 YEARS (Sub Junior)	3 months	6 months	12 months
	<input type="checkbox"/> \$160	<input type="checkbox"/> \$280	<input type="checkbox"/> \$400
14-15 YEARS (Junior Member)	3 months	6 months	12 months
	<input type="checkbox"/> \$220	<input type="checkbox"/> \$350	<input type="checkbox"/> \$500
16-17 YEARS (Mature Junior)	3 months	6 months	12 months
	<input type="checkbox"/> \$288	<input type="checkbox"/> \$416	<input type="checkbox"/> \$634
FACILITY MEMBERSHIP - Tennis courts and Squash only	1 month	12 months	
	<input type="checkbox"/> \$10	<input type="checkbox"/> \$50	

INFORMED CONSENT

I hereby acknowledge that:

- The information provided above regarding my child's health is, to the best of my knowledge, correct.
- I will inform you immediately if there are any changes to the information provided.
- I acknowledge that I have been provided with a copy of the terms and conditions applicable to my child's Unigym membership. I have been informed, and understand, that I should make myself aware of all applicable terms and conditions before signing my child up for membership, as I will be bound by them where my child becomes a member. I specifically acknowledge that my attention has been drawn to the terms and conditions relating to responsibility for personal injury that my child might suffer when participating in activities at Unigym.

UNIGYM STAFF ONLY

PLEASE TICK

- 1. New member Renewing member
- 2. Health screen completed - Stage One completed and member notified of suitable exercise intensity
 - Stage Two (if applicable) completed and member notified of suitable exercise intensity
 Witness: _____ Date: _____
- 3. Medical Clearance form given Yes No Date received _____
- 4. Induction completed Date completed _____
- 5. Informed client about Clause 6 of Terms and Conditions.
- 6. Client Given: General TC Version 1.1 Junior Membership Terms and Conditions 1.1
- 7. Issued card to client.
- 8. Have attached copy of relevant document or sighted proof of age document.
- 9. Client application: Accepted Denied Reason _____

I understand that if my child exercises above the agreed intensity recommended by Unigym staff, that they do so at their own own risk.

SIGNATURE	DATE
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