

## Membership Terms And Conditions

PLEASE READ THE FOLLOWING STATEMENTS AND SIGN TO AGREE:

- I understand and will abide by Unigym policies and procedures (please ask at reception to view a full copy of all policies and procedures).
- I have completed the Health Screen process and understand I may be restricted on the type or intensity of my exercise regime pertaining to the results of my health screen.
- I understand the conditions of my membership.
- UTAS Unigym reserve the right to change at anytime, without notification, its opening hours, group exercise timetable and facility availability.
- Opening hours and group exercise timetables will be reduced over semester breaks. Unigym will advise of these changes at its earliest convenience.
- Bookings and timetabled classes take priority over casual membership use of halls and other facilities.
- This membership cannot be cancelled or transferred. Refunds are not available.
- Time stoppages are available to clients with medical conditions preventing them from using the facilities, for a maximum period of four (4) weeks only. Clients with 12 month or perpetual memberships will not incur a fee for this one-off membership hold. All other applications will incur a \$20 administration fee and must be accompanied by a medical certificate and an **Application to adjust membership form** (available at reception).
- UTAS Unigym hold no responsibility for personal belongings and valuables taken into the Centre, including belongings and valuables left in the lockers provided.
- Mobile phones and cameras are not permitted in the weights/cardio room, aerobics room or change rooms of the Unigym Centres.
- Towels and closed toe shoes are compulsory when using Unigym facilities and services.
- Management reserves the right to ask you to leave the premises should you not comply with our policies.
- All forms must be signed to be processed.
- Clients must present their membership cards upon entry to all Unigym Centres, failure to do so on more than two (2) occasions will result in a new card being issued at a cost to the client of \$5.

I hereby agree not to hold the Unigym / University of Tasmania Sport & Recreation Centre and/ or its employees liable for any personal injuries or accidents arising from participation in any class or activity unless the organisation is deemed negligent. I also confer that I am physically fit and mentally capable of undertaking the activities in which I involve myself. I understand and accept the conditions of my membership.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**EMERGENCY CONTACT**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

**STAFF USE ONLY:**

**PAYMENT METHOD**

CASH \$ \_\_\_\_\_  CHEQUE \$ \_\_\_\_\_  VOUCHER \$ \_\_\_\_\_

SALARY SACRIFCE \$ \_\_\_\_\_  EFTPOS \$ \_\_\_\_\_  CREDIT\$ \_\_\_\_\_

RECEIPT NUMBER: \_\_\_\_\_ (Links or Manual)

Pre exercise screening questionnaire completed  Cardiac risk factor screening done or appointment date: \_\_\_\_\_  Medical clearance form given Return date: \_\_\_\_\_

MEMBERSHIP CARD PRINTED  READY TO FILE?  YES  NO

NOTES



## MEMBERSHIP APPLICATION FORM

LAUNCESTON

### Personal Details

PLEASE PRINT CLEARLY IN BLOCK LETTERS

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER:  M  F EMAIL: \_\_\_\_\_

PHONE (H): \_\_\_\_\_ PHONE (W): \_\_\_\_\_ MOBILE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_ STATE: \_\_\_\_\_

### Membership Details

ARE YOU A:

STUDENT  ALUMNI

SENIOR  GUEST

STAFF

**UNIGYM STAFF**

CARD NUMBER: \_\_\_\_\_ STAFF INITIAL: \_\_\_\_\_

CARD TYPE: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

### Membership Type

PLEASE TICK THE MEMBERSHIP YOU WISH TO PURCHASE

	3 months	6 months	BRONZE 12 months	SILVER 12 months	GOLD 12 months
STUDENT	<input type="radio"/> \$135	<input type="radio"/> \$190	<input type="radio"/> \$290	<input type="radio"/> \$325	<input type="radio"/> \$395
SENIOR	<input type="radio"/> \$135	<input type="radio"/> \$190	<input type="radio"/> \$290	<input type="radio"/> \$3250	<input type="radio"/> \$395
STAFF	<input type="radio"/> \$150	<input type="radio"/> \$235	<input type="radio"/> \$409.50	<input type="radio"/> \$449.80	<input type="radio"/> \$525.20
ALUMNI	<input type="radio"/> \$150	<input type="radio"/> \$235	<input type="radio"/> \$409.50	<input type="radio"/> \$449.80	<input type="radio"/> \$525.20
GUEST	<input type="radio"/> \$205	<input type="radio"/> \$340	<input type="radio"/> \$550	<input type="radio"/> \$600	<input type="radio"/> \$660

Membership includes access to weights/cardio room and group exercise classes. 12 Months also includes an individual fitness program with a Unigym Trainer.

Membership includes access to weights/cardio room and group exercise classes; an individual fitness program with a Unigym Trainer and access to the AMC Pool.

Membership includes access to weights/cardio room and group exercise classes and an individual fitness program with a Unigym Trainer. As well as access to the tennis court for member and guest, casual sports hall and AMC Pool.

### Instalment Memberships

Available for perpetual membership contracts, at the following monthly costs (plus an up-front \$75 establishment fee): **Please read the Direct Debit Service Agreement carefully.**

	Student	Senior	Staff	Alumni	Guest
BRONZE	<input type="radio"/> \$28.55 (\$342.60)	<input type="radio"/> \$28.55 (\$342.60)	<input type="radio"/> \$38.80 (\$465.60)	<input type="radio"/> \$38.80 (\$465.60)	<input type="radio"/> \$49.95 (\$599.40)
SILVER	<input type="radio"/> \$31.70 (\$380.40)	<input type="radio"/> \$31.70 (\$380.40)	<input type="radio"/> \$41.95 (\$503.40)	<input type="radio"/> \$41.95 (\$503.40)	<input type="radio"/> \$56.20 (\$674.40)
GOLD	<input type="radio"/> \$37.45 (\$449.40)	<input type="radio"/> \$37.45 (\$449.40)	<input type="radio"/> \$48.15 (\$577.80)	<input type="radio"/> \$48.15 (\$577.80)	<input type="radio"/> \$58.00 (\$696.00)

### Salary Sacrifice Memberships

Is available for UTAS staff only for a 12 month Term Membership (once off deduction) or a Perpetual (on-going per fortnight) Membership. **Please read the Salary Sacrifice terms and conditions.** Perpetual memberships will incur a \$75 establishment fee, Term Memberships do not incur this fee. Personal Training packages may also be purchased using Salary Sacrifice.

BRONZE  \$409.50 **OR**  \$15.75 SILVER  \$449.80 **OR**  \$17.30 GOLD  \$525.20 **OR**  \$20.20

### Session Cards

Session cards provide access to weights/cardio room or group exercise classes for one session only, not including multiple access to both weights/cardio room and a group exercise class in one session. Session cards expire 12 months after the day of purchase; all sessions remaining on the card after this date are void.

10 SESSIONS  STUDENT \$80  SENIOR \$80  STAFF \$100  ALUMNI \$100  GUEST \$120

### Dojo Memberships

Includes Dojo access for one year.  12 MONTHS \$135

### Pool Memberships

Pool session passes provide access to the pool for one session only. Pool memberships provide limited access for 6months within Opening Hours for the member.

ALL STAFF, STUDENTS & COMMUNITY  10 SESSIONS \$35  6 MONTHS \$130



# SCREENING QUESTIONNAIRE

## SECTION 1

### SMA Pre-exercise Screening

THIS PRE-EXERCISE SCREENING QUESTIONNAIRE (SECTION 1) IS COMPULSORY FOR ALL MEMBERS WISHING TO JOIN OR RE-JOIN THE UNIGYM. IT MUST BE COMPLETED ONCE EVERY 12 MONTHS FOR CONTINUING MEMBERS AND IS COMPLETED REGARDLESS OF PERCEIVED LEVELS OF FITNESS.

1. Have you ever had a heart attack, coronary revascularisation surgery or a stroke?  No  Yes
2. Has your doctor ever told you that you have heart trouble or vascular disease?  No  Yes
3. Has your doctor ever told you that you have a heart murmur?  No  Yes
4. Do you ever suffer from pains in your chest, especially when you exercise?  No  Yes
5. Do you ever get pains in your calves, buttocks or at the back of your legs during exercise which are not due to stiffness?  No  Yes
6. Do you ever feel faint or have spells of severe dizziness, particularly with exercise?  No  Yes
7. Do you experience swelling or accumulation of fluid about the ankles?  No  Yes
8. Do you ever get the feeling that your heart is suddenly beating faster, racing or skipping beats, either at rest or during exercise?  No  Yes
9. Do you have chronic obstructive pulmonary disease, interstitial lung disease, or cystic fibrosis?  No  Yes
10. Have you ever had an attack of shortness of breath that developed when you were not doing anything strenuous, at any time in the last 12 months?  No  Yes
11. Have you ever had an attack of shortness of breath that developed after you stopped exercising, at any time in the last 12 months?  No  Yes
12. Have you ever been woken in the night by an attack of shortness of breath, any time in the last 12 months?  No  Yes
13. Do you have diabetes (IDDM\* or NIDDM\*\*)? (if so, do you have problems controlling your diabetes?)  No  Yes
14. Do you have any ulcerated wounds or cuts on your feet that do not seem to heal?  No  Yes
15. Do you have any liver, kidney or thyroid disorders?  No  Yes
16. Do you experience unusual fatigue or shortness of breath with usual activities?  No  Yes
17. Is there any other physical reason or medical condition, or are you taking any medication(s) which could prevent you from undertaking an exercise program, or that you are concerned about?  
Please specify \_\_\_\_\_  No  Yes

### My personal physical intensity level:

1. No signs or symptoms of known disease were identified: (Select one: please ask Unigym staff for further explanation if required)  
 (1.1) LOW TO MODERATE: I wish to participate only in low to moderate intensity physical activity which is not above 75% of my maximal heart rate or not above 13 RPE \*\*\*\*. I understand that this excludes me from participation in some timetabled classes. I understand that it is recommended that I consult a Personal trainer to determine my physical activity intensity level.  
 (1.2) SUB MAXIMAL: I wish to participate in sub maximal exercise (above 75% of my maximal heart rate or above 13 RPE\*\*\*\*). This includes participation in some timetabled classes and a weight training program to fatigue. I understand that I must complete Coronary Artery Disease Risk Factor Screening SECTION 2 of this form before undertaking sub maximal exercise. Until such time I am able to participate in low - moderate exercise, not above 75% of my maximal heart rate or 13 RPE\*\*\*\*
2. One or more signs and symptoms of known disease were identified or I am over 60 years of age:  
I cannot participate in any physical activity at the Unigym or utilise the facilities until such time as I have consulted a doctor and returned a Medical Clearance Certificate FORM 3 or approved letter.  
 Medical Clearance received. Date: \_\_\_\_\_
3. I understand that if I exercise above the agreed intensity, that I do so at my own risk.

I, the above named, have answered the questionnaire to the best of my knowledge and agree to the following conditions with respect to my participation in physical activity at the Unigym:

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

## SECTION 2

### Coronary Artery Disease Risk Factor Screening

THIS SCREENING IS COMPULSORY FOR ALL MEMBERS WISHING TO PARTICIPATE IN HIGH INTENSITY / SUB MAXIMAL EXERCISE (GREATER THAN 75% OF MAXIMAL HEART RATE).

#### TO BE COMPLETED BY UNIGYM ASSESSORS

1. Has a member of your immediate family (Father/Brother at less than 55 years old and/or Mother/sister less than 65 years old) been diagnosed with heart disease?  No  Yes
2. Are you a current smoker or have quit within the last 6 months?  No  Yes
3. Have you been told that you have high total blood cholesterol, high very low density lipoprotein (VLDL) cholesterol or that your high density (HDL) cholesterol is low?  No  Yes
4. Have you been told that you have impaired fasting glucose (plasma glucose < 6.1mmol/L, noted on two separate occasions)?  No  Yes
5. Do you currently undertake exercise on less than 4 days each week (at least 30 minutes in duration for each bout)?  No  Yes
6. Height \_\_\_\_\_ Weight \_\_\_\_\_ Waist circumference \_\_\_\_\_ BMI = Weight / Height x Height: \_\_\_\_\_  
Do you have a body mass index (BMI\*) greater than or equal to 30 kg/m<sup>2</sup> or a waist circumference greater than 100 cm?  No  Yes
7. BLOOD PRESSURE (Resting & Seated): \_\_\_\_\_ / \_\_\_\_\_ mm/Hg.  
Do you have a resting blood pressure greater than or equal to 140/90?  No  Yes

I, \_\_\_\_\_ upon completing the Coronary Artery Disease Risk Factor Screening (Section 2) agree to the following conditions with respect to my participation in physical activity at the University Sport Centre:

1. Two (2) or more risk factors were identified therefore, I am at moderate risk of endangering my health and safety if I begin or continue an exercise program above moderate intensity (75% maximum heart rate or above 13 RPE\*).

I wish to participate in

- 1.1 SUB MAXIMAL intensity physical activity (above 75% of my maximal heart rate or RPE of above 13\*.  
Therefore I am required to consult a doctor and return a Medical Clearance Certificate FORM 3. Until such time as the Medical Clearance Certificate is received I am able to participate in low - moderate intensity exercise.  
 Medical Clearance received. Date: \_\_\_\_\_
- 1.2 LOW TO MODERATE intensity physical activity which is not above 75% of my maximal heart rate or not above 13 RPE. I understand that this excludes me from participation in some timetabled classes.  
1.2.2. I have been recommended by the University Sport Centre that I consult a personal trainer to determine a low - moderate intensity program before I begin.  
 Appointment Date: \_\_\_\_\_
2. One or No risk factors were identified.  
2.1 I may participate in sub maximal physical activity.
3. I understand if I exercise above the agreed intensity, I do so at my own risk.

SIGNED: \_\_\_\_\_ WITNESS: \_\_\_\_\_  
DATE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

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