

JAMESTOWN GYM MEMBERSHIP APPLICATION FORM

MEMBERSHIP PRICING

MEMBERSHIP LENGTH	ADULT (OVER 18)	VETERANS (DVA)	CONCESSION HOLDERS & SECONDARY STUDENTS	FAMILY PASS
DAY PASS	\$8	\$5.50	\$5.50	N/A
1 WEEK	\$37.50	\$27	\$27	N/A
1 MONTH	\$59	\$40	\$40	N/A
3 MONTHS	\$143	\$97	\$97	\$280
6 MONTHS	\$256	\$171	\$171	\$505
12 MONTHS	\$395	\$330	\$330	\$763

NOTE: AN ADDITIONAL \$30 FOB DEPOSIT APPLIES TO PRICES LISTED ABOVE. THE DEPOSIT WILL BE REFUNDED AT THE END OF YOUR MEMBERSHIP.

PAYMENT CAN BE MADE WITH CASH, EFTPOS, DIRECT DEPOSIT, CHEQUE

DIRECT DEPOSIT DETAILS:
NAB BSB: 085-645 ACC NO: 681999824
ACC NAME: NA COUNCIL
REF: Gym + your name

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RULES & REGULATIONS

1. It is recommended every new member or previous member who has not renewed their membership within 12 months to complete a health assessment prior to commencing training.
2. All members and prospective members are encouraged to obtain medical confirmation that the exercises undertaken will not cause any physical harm.
3. No jeans, denim or clothing other than that of an athletic type are to be worn in the Gym. You will not be permitted to use the Gym if you are not properly attired. Non-athletic footwear is strictly prohibited. Shorts/pants, shirts and shoes must be worn at all times.
4. Children under the age of 16 are not permitted to use the Gymnasium equipment without supervision from a parent or guardian.
5. All equipment must be replaced after use. Misuse of equipment will not be tolerated.
6. Misconduct with equipment, using obscene or profane language or exhibiting behaviour that may cause injury or is considered offensive will result in the immediate eviction of that person and/or withdrawal of membership.
7. Bags and personal belongings are not to be left on floor at any time as they create a safety hazard.
8. Northern Areas Council will not accept any responsibility for any property that may have been stolen or lost whilst in the Gymnasium.
9. Should demand for the Gymnasium outweigh the equipment available, Council reserve the right to allocate specific times for members to use the Gymnasium dependent on individual's preferences.
10. Members are required to carry a towel at all time and wipe any perspiration from the equipment during and after use.
11. The Jamestown Gymnasium Fitness Centre is open 7 days a week to valid members via key arrangement.
12. Membership is not transferable.
13. No alcohol or smoking is permitted in any area of the complex.
14. Northern Areas Council reserves the right to allocate specific times that the Gymnasium is available for specific group classes or fitness circuits. Notification of these session times will be displayed in the Gymnasium.
15. Council reserves the right to close off any part of the premises or any equipment for maintenance at any time.
16. Members are requested to advise the centre of any changes in their personal details as soon as possible after they occur.
17. Only 2 users from a family membership are permitted to use the equipment at any one time should the demand for the equipment outweigh the amount of equipment available.
18. Northern Areas Council will accept no responsibility for injuries sustained whilst using the Gymnasium equipment. Members are to operate equipment at their own risk.
19. All members must sign the Attendance Register upon entering and exiting the building.
20. Individuals are not permitted to use the equipment without another person/member present.
21. It is the responsibility of the last member leaving the facility to ensure that the Gymnasium is securely locked, windows are closed and all lights and fans are turned off.
22. Northern Areas Council reserves the right to vary, alter or revoke any of the above rules without notice.

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PLEASE INDICATE YOUR CHOICE OF MEMBERSHIP BELOW:

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MEMBER DETAILS

GIVEN NAME/S	
SURNAME	
DATE OF BIRTH	
ADDRESS	
PHONE NO.	
WORK PHONE NO.	
MOBILE NO.	
EMAIL ADDRESS	

I have read and understood the rules and regulations of the Jamestown Gymnasium Fitness Centre Membership and agree to abide by them.

MEMBER SIGNATURE	
DATE	

MEMBERSHIP AUTHORISATION - FOR OFFICE USE ONLY

MEMBERSHIP TYPE:
MEMBERSHIP LENGTH:
TOTAL PAID:
FOB NUMBER:
RECEIPT NUMBER:
NOTES:

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For your SAFETY please answer the following questions by ticking the appropriate box.

	YES	NO
Have you ever had an injury, illness, back or joint condition that may be aggravated by vigorous exercise?	☐	☐
Have you ever had: Arthritis, Asthma, Diabetes, Epilepsy, Hernia, Dizziness, Gout, circulation issues or an ulcer?	☐	☐
Have you ever had a Heart Condition, High Blood Pressure, Rheumatic Fever, Stroke, High Cholesterol, Palpitations, Heart Murmur or Pains in the chest?	☐	☐
Has your Mother, Father, Brother or Sister had any heart problems prior to age 60?	☐	☐
Are you now or have you recently been pregnant?	☐	☐
Are you taking any prescribed medication?	☐	☐
Do you have any other condition that might be reason to modify your exercise program?	☐	☐
If you have answered yes to any of these questions, have you had clearance from your doctor to exercise? (If no, you may be asked to provide us with a medical certificate before exercising.)	☐	☐
Have you been doing vigorous exercise lately?	☐	☐

If yes, please give details: