

Membership Form



Contact Details

| | | | | | | | |
|-------------------|----------------|------|------|------|------|------|-------|
| First name | | | | | | | |
| Last name | | | | | | | |
| Preferred name | | | | | | | |
| Age | 16 – 19 | 20's | 30's | 40's | 50's | 60's | 70 +_ |
| Gender | Female | Male | | | | | |
| Email | | | | | | | |
| Mobile | | | | | | | |
| Home | | | | | | | |
| Work | | | | | | | |
| Mailing Address | | | | | | | |
| Emergency contact | Name | | | | | | |
| | Relationship | | | | | | |
| | Contact number | | | | | | |

Membership Type New Membership

| Start date | Expiry date | Membership Type | Key deposit | Amount paid | Cash or card |
|------------|-------------|-----------------|-------------|-------------|--------------|
| | | | | | |

Renewal

| Start date | Expiry date | Membership Type | Amount paid | Cash or card |
|------------|-------------|-----------------|-------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Membership Options and Payment (please tick)

| | 1 month | 3 months | 6 months | 12 months |
|---------|-------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Gym | <input type="checkbox"/> \$15 | <input type="checkbox"/> \$90 | <input type="checkbox"/> \$120 | <input type="checkbox"/> \$200 |
| Stadium | <input type="checkbox"/> \$15 | <input type="checkbox"/> \$35 | <input type="checkbox"/> \$55 | <input type="checkbox"/> \$85 |
| Full | <input type="checkbox"/> \$70 | <input type="checkbox"/> \$125 | <input type="checkbox"/> \$160 | <input type="checkbox"/> \$270 |

PLEASE NOTE: A \$20 REFUNDABLE CARD DEPOSIT IS REQUIRED

Medical Information

All members are required to disclose any medical / health related information which may mean that it is not safe for them to undertake exercise.

| Physical Activity Readiness Questionnaire (PARQ) | <i>Please tick</i> | Yes | No |
|--|--------------------|------------|-----------|
| Have you, for any reason, been unable to exercise in the past? | | | |
| Has your doctor ever advised you against exercising? | | | |
| Have you ever suffered from cardiac (heart) related illness? | | | |
| Have you ever suffered from respiratory difficulties? | | | |
| Have you ever suffered from any bone, joint or muscle related disease? | | | |
| Have you ever suffered from fainting, migraines or loss of balance? | | | |
| Is there any history of heart related disease in your family? | | | |
| Have you ever experienced heart pain while exercising? | | | |
| Do you have high blood pressure? | | | |
| Do you have elevated cholesterol levels? | | | |
| Are you currently taking any medication? | | | |

If you answered 'yes' to any of the above, we recommend that you consult your doctor before starting any exercise programme.

Declaration

I confirm that all information provided on this form is true to the best of my knowledge and I believe I am able to safely participate in exercise in the Fox Glacier Community Centre.

I confirm I have read and understood the Centre Rules and Terms & Conditions and agree to abide by them.

| | | | | | |
|-----------|--|------|--|---------|-------------|
| Signature | | Date | | Version | 2025 |
|-----------|--|------|--|---------|-------------|

☐ Please tick if you would like to sign up for our weekly emails.

Are you 16 or 17 years old? YES NO If yes, a parent or guardian must sign below

| | | | |
|-----------|--|--------------|--|
| Name | | Relationship | |
| Signature | | Date | |