



STOCKTON SLSC

Pre Activity Questionnaire

Name: _____

1) Have you undertaken an exercise program before? Yes No

If "yes", please give details of when and the type of program

2) Are you pregnant? Yes No

3) Please tick if you are currently affected (or have been previously) by any of the following conditions?

<input type="checkbox"/> Asthma	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Hernia	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Stroke	<input type="checkbox"/> Muscular Injury
<input type="checkbox"/> Blood Disorders	<input type="checkbox"/> Respiratory Disorders	<input type="checkbox"/> Skeletal Injury
<input type="checkbox"/> Back Problems	<input type="checkbox"/> High/Low Blood Pressure	<input type="checkbox"/> Other

If you answered "Yes" or "other" please give details:

4) Please list any current medication (and what it's used for)

5) Are you allergic to any substances? Yes No

If "Yes", please comment

6) Do you have any further information regarding your medical condition or exercise history that may be important? Yes No

If "Yes" please Comment:

The information I have provided is true to the best of my knowledge. I understand that I should seek a doctor's advice if I have a medical condition that may affect my exercise program, if I lead a sedentary lifestyle or am over 40 years old. I understand that I may require a doctor's clearance before continuing with using the gym. I agree to inform Stockton SLSC if any conditions change.

Signature: _____ Date: _____

Signature of Instructor: _____ Date: _____

Notes: _____



STOCKTON SLSC

Club Gymnasium Membership Form

Full Name: _____

Address: _____

Date of Birth: *dd/mm/yyyy*

Sex: M F

Phone: *(Priv)* _____ *(Bus)* _____ *(Mob)* _____

Membership category *(Active, Long Service etc.):* _____

Emergency Contact: _____

Phone: _____

This Gym is not a public facility. Admission is restricted to those club members who have completed this form and paid the additional Gym Fee, if applicable.

Declaration:

I acknowledge that I have read the club's "Terms and Conditions for the use of the Club Gymnasium" and agree to be bound by those terms and conditions. I declare that I have no medical condition that would involve a risk to me or other users in my use of the gym.

Print name: _____

Signature: _____ **Date:** _____

Approval:

Gym Supervisor Name: _____

Position in club: _____

Signature: _____ **Date:** _____

Gym Key Number: _____



STOCKTON SLSC

Terms and Conditions for the use of the Club Gymnasium

Attaching to and forming part of my membership form.

I, _____
acknowledge that this agreement is legally binding and I have read all the Terms and Conditions outlined below .

1. I waive all claims or causes of action which I might otherwise have arising out of loss or life or injury, damage or any other loss, which I may suffer in the course of or consequent upon my entry or participation in any activities in the gymnasium .
2. This waiver, release and discharge shall operate separately in favour of any person involved in the ownership and/or operation of the Gymnasium. The waiver shall operate whether or not the loss, injury or damage is attributable to the act or neglect of any one or more of such persons.
3. I acknowledge that I will comply with any reasonable direction of the officials and staff of the Club in relation to:
 - (a) entry and exit to and from the Gymnasium
 - (b) the use of the facilities and equipment in the Gymnasium;
 - (c) my behaviour and conduct whilst on the premises
4. I acknowledge that I have sole responsibility for my personal possessions and athletic equipment whilst at the Gymnasium or during its related activities.
5. I consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness whilst on the premises. It is suggested that all persons seek medical advice and obtain a medical clearance prior to engaging in physical exercise.
6. I am aware that the use of the Gymnasium and its facilities may involve strenuous activity that can be physically demanding and that exercise and the equipment used is potentially dangerous.
7. I agree that I am in a good state of health and I am medically fit to use the gymnasium facilities and there is no medical reason to prevent me from proceeding with the use of the gymnasium facilities without endangering my health.
8. I agree to conduct myself in an orderly and proper manner and not engage in conduct, which could cause harm, create a hazard or nuisance to other members.
9. I acknowledge that the club cannot warrant the safety and suitability of the Gymnasium equipment.
10. I hereby assume all risks associated with the use of the use of the premises and facilities.
11. I have undertaken an orientation tour and induction of the Gymnasium.

Signed: _____ Date: _____

Witness: _____ Date: _____

Guardian (if under 18 years): _____ Date: _____



STOCKTON SLSC

Gymnasium Code of Conduct

1. Each time you use the gym please complete the Gymnasium Attendance Sheet before you commence your workout. The Gymnasium Attendance Sheet is located in the folder inside the entrance to the gym.
2. No smoking, food or drink (other than bottles/water cooler) is permitted in the gym.
3. Do not remove equipment from the gym without supervisor approval.
4. Always use a separate towel for hygiene purposes and WIPE EQUIPMENT AFTER USE.
5. If you are on your own, or the last person in the gym, switch off all electrical equipment on leaving and close and lock doors.
6. Lifters must use collars on every set and must not drop weights on floor.
7. Lifters must use spotters on all moderate to heavy sets.
8. Move weights from the racks to the bar ONLY. Do not leave weights on the floor.
9. Return all equipment to its allocated position.
10. All electronic/electrical equipment must be covered when not in use.
11. Gym users must dress appropriately at all times.
12. Towels must be used.
13. Athletic shoes must be worn with laces tied at all times.
14. Lower body clothing: athletic shorts, tights or aerobic outfits.
15. Upper body clothing: T-shirts, singlets, sweat shirts and unaltered tank tops required.
16. Athletic hats are acceptable.
17. Prescription glasses are permissible. NO sun-glasses permitted UNLESS suitable medical evidence supporting wearing them is provided.
18. Any jewellery that may possibly injure a user, including rings and necklaces, is not permitted. Small earring and items that cannot inhibit or injure a user are permitted



STOCKTON SLSC

Gymnasium Induction Form

On this date: _____, | _____

Completed an induction to the Gymnasium in Stockton SLSC _____

Induction Checklist	Initials
Completed a Pre Activity Questionnaire	
Was given a copy of the gymnasium code of conduct which I read and agree to abide by	
I have signed and completed the Gymnasium Membership Application Form and the Terms and Conditions for the use of the Club Gymnasium	
Was given induction on the following: <ul style="list-style-type: none">· Attendance Sheet (Sign in/Sign out Sheet)· Warm Up· Cardio Usage· Equipment Usage· Cool Down· Cleaning Equipment· Hygiene· Appropriate Clothing· Injuries (Procedures if injured)· Air Conditioner, if applicable· Emergency Procedures· Paper Work	

Name: _____

Date: _____

Signed: _____

The induction was conducted by:

Name: _____

Position: _____

Signed: _____