

Launceston Leisure & Aquatic Centre

Membership Form

PERSONAL DETAILS

Surname	First name	Title
Date of Birth / /		M / F / Other
Mobile	Phone (h)	
Email		
Postal Address		
State	Post Code	

EMERGENCY CONTACT INFORMATION

Name	Relationship
Phone	Mobile

HEALTH DETAILS (LAfit Only)

1. Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke? Yes No
2. Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise? Yes No
3. Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance? Yes No
4. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months? Yes No
5. If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months? Yes No
6. Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise? Yes No

IF YOU ANSWERED 'YES' to any of the 6 questions, please seek guidance from your GP or appropriate allied health professional prior to undertaking physical activity/exercise

This screening tool does not provide advice on a particular matter, nor does it substitute for advice from an appropriately qualified medical professional. No warranty of safety should result from its use. The screening system in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by Exercise and Sports Science Australia, Fitness Australia, Sports Medicine Australia, or City of Launceston for any loss, damage or injury that may arise from any person acting on any statement or information contained in this tool.

Membership options

Complete Includes: Gym Access, Spa, Pool Access, Program Pool, AquaFit, Group Fitness

Direct Debit	\$22.50 / week	<input type="checkbox"/>
Direct Debit Concession*	\$18.00 / week	<input type="checkbox"/>
Direct Debit Off-Peak**	\$17.40 / week	<input type="checkbox"/>
Direct Debit Off-Peak Concession*	\$13.30 / week	<input type="checkbox"/>

Premium Includes: Pool Access, AquaFit, Spa, Programs Pool

3 Months	\$210.00	<input type="checkbox"/>
3 Months Concession*	\$160.00	<input type="checkbox"/>
12 Months	\$676.00	<input type="checkbox"/>
12 Months Concession*	\$520.00	<input type="checkbox"/>
Direct Debit	\$14.00 / week	<input type="checkbox"/>
Direct Debit Concession*	\$10.50 / week	<input type="checkbox"/>

Simple Includes: Gym Access, AquaFit, Group Fitness

Direct Debit	\$19.50 / week	<input type="checkbox"/>
Direct Debit Concession*	\$15.50 / week	<input type="checkbox"/>
Direct Debit Off-Peak**	\$14.30 / week	<input type="checkbox"/>
Direct Debit Off-Peak Concession*	\$11.25 / week	<input type="checkbox"/>

Leisure Includes: Pool Access

3 Months	\$165.00	<input type="checkbox"/>
3 Months Concession*	\$125.00	<input type="checkbox"/>
12 Months	\$595.00	<input type="checkbox"/>
12 Months Concession*	\$450.00	<input type="checkbox"/>
Direct Debit	\$12.00 / week	<input type="checkbox"/>
Direct Debit Concession*	\$9.00 / week	<input type="checkbox"/>

Basic Membership Terms

- All Direct Debit memberships are charged fortnightly.
- Simple and Complete Direct Debit memberships incur a \$60 cancellation fee if cancelled within 12 months of registration.
- Concession price is available when a current, government issued health care, senior, student or pension card is produced at time of purchase.
- Off-Peak applies to gym and pool use. Off-Peak access times are 8:00am - 3:00pm weekdays (last entry 2:45pm) and all hours on weekends and public holidays.
- All memberships include 28 suspension days. Further suspension can be purchased for \$3.00 per week (or part thereof).
- Additional Terms and Conditions are supplied with this membership form.

Where did you hear about us?

T.V Radio Facebook Word of Mouth Other _____

If you were referred by a member, let us know and will receive 14 days free membership.

Referred by (member name):

Member ID (LAC Staff only):

DECLARATION OF UNDERSTANDING

Where applicable, I have answered the Health Screen honestly and to the best of my knowledge. I understand that when exercising, I do so at my own risk. I know that if at any time I feel unsafe or unsure of safe gym or aquatic practices, I should seek a Launceston Lesiure & Aquatic staff member for help. I also acknowledge that have been provided with a copy of the Launceston Lesiure & Aquatic Membership Terms and Conditions and understand that I will receive regular correspondence from the Launceston Lesiure & Aquatic informing me of upcoming events and changes that may affect my membership. I have been informed, and understand, that I should make myself aware of all applicable Terms and Conditions before signing for membership, as I will be bound by them when I become a member. I specifically acknowledge that my attention has been drawn to the Terms and Conditions relating to responsibility for personal injury that I might suffer when participating in activities at the Launceston Lesiure & Aquatic Centre.

SIGNATURE	DATE / /
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LAUNCESTON LEISURE & AQUATIC STAFF ONLY

Concession Card Sighted Expiry DATE / / STAFF SIGNATURE

Promotion (if applicable)