

# 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.

### LAUNCESTON LEISURE & AQUATIC STAFF ONLY

Concession Card Expiry

DATE / /

STAFF SIGNATURE

Promotion (if applicable)

Starter Session Booked (LAfit)

DATE / /

TIME

## Membership Options

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

Direct Debit	\$23.80 / week	<input type="checkbox"/>
Direct Debit Concession*	\$19.05 / week	<input type="checkbox"/>
Direct Debit Off-Peak**	\$18.45 / week	<input type="checkbox"/>
Direct Debit Off-Peak Concession*	\$14.50 / week	<input type="checkbox"/>

### LAfit Includes: Gym Access, AquaFit, Group Fitness

Direct Debit	\$20.70 / week	<input type="checkbox"/>
Direct Debit Concession*	\$16.55 / week	<input type="checkbox"/>
Direct Debit Off-Peak**	\$15.20 / week	<input type="checkbox"/>
Direct Debit Off-Peak Concession*	\$12.15 / week	<input type="checkbox"/>

### Aquatic Includes: Pool Access

Direct Debit	\$12.35 / week	<input type="checkbox"/>
Direct Debit Concession*	\$9.25 / week	<input type="checkbox"/>
12 Months	\$612.90	<input type="checkbox"/>
12 Months Concession*	\$463.50	<input type="checkbox"/>
3 Months	\$175.10	<input type="checkbox"/>
3 Months Concession*	\$133.90	<input type="checkbox"/>

### Aquatic Plus Includes: Pool Access, AquaFit, Spa, Programs Pool

Direct Debit	\$14.45 / week	<input type="checkbox"/>
Direct Debit Concession*	\$11.15 / week	<input type="checkbox"/>
12 Months	\$717.90	<input type="checkbox"/>
12 Months Concession*	\$552.10	<input type="checkbox"/>
3 Months	\$223.50	<input type="checkbox"/>
3 Months Concession*	\$170.00	<input type="checkbox"/>

### Other Membership

\_\_\_\_\_

(Membership Name) (Price)

### Basic Membership Terms

- All Direct Debit memberships are charged fortnightly.
- All 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 \$3.50 per week (or part thereof).
- All new LAfit members are required to attend a starter session with one of our instructors.
- 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 they will receive 14 days free membership. This applies to direct debit memberships only.

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 Leisure & Aquatic staff member for help. I also acknowledge that have been provided with a copy of the Launceston Leisure & Aquatic Membership Terms and Conditions and understand that I will receive regular correspondence from the Launceston Leisure & Aquatic for the purpose of assessing, maintaining, or improving Centre services, and to inform me of upcoming events or changes which 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 Leisure & Aquatic Centre.

SIGNATURE	DATE / /
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