



Goulburn Aquatic and Leisure Centre Membership Form

1. Membership Details

<input type="checkbox"/> Swim	<input type="checkbox"/> Gym	<input type="checkbox"/> Gym and Swim	<input type="checkbox"/> Aqua Aerobics
<input type="checkbox"/> Adult	<input type="checkbox"/> Concession	<input type="checkbox"/> Family	
<input type="checkbox"/> 6month upfront	<input type="checkbox"/> 12 month up front	<input type="checkbox"/> Direct Debit	<input type="checkbox"/> 10 Visit Pass
Responsible Person/Prime Contact:		Membership Number:	
Contact Number:			

Last Name: _____ First Name: _____

Preferred Name: _____ Title: Mr Mrs Ms

Date of Birth: ____/____/____ Gender: Male Female Other

Address (Residential): _____
_____ Postcode _____

Mobile Phone: _____ Home Phone: _____

Email: _____

Preferred Method of Contact: SMS/Text Message Email Phone Call

Emergency Contact Name: _____ Relationship: _____

Mobile Phone: _____ Other: _____

Medical Conditions: NO/YES - Refer to medical questionnaire

I hereby consent for myself/children, as listed, to attend the Goulburn Aquatic and Leisure Centre. I acknowledge that completion of this form is a commitment to the above membership and its associated costs.
I hereby consent to Goulburn Mulwaree Council collecting the health information as set out above.
I have read and understand the Terms and Conditions of entry and membership. I am aware that failure to adhere to these conditions may result in this membership being suspended or cancelled.

Name: **Signature:** **Date:**
(By applicant or parent/guardian if under 18)

Council collects personal and health information that is directly related to Council's functions and activities. Council is required under the Privacy & Personal Information Protection Act 1998 (PPIPA) and the Health, Records and Information Privacy Act 2002 (HRIP) to collect, maintain & use your personal information in accordance with the Privacy and Health Principles & other relevant requirements of the PPIPA and HRIP. For further information or clarification please contact Council's Privacy Officer on 4823 4444 or refer to Council's Privacy Management Policy at www.goulburn.nsw.gov.au

2. Additional Member Details

Parent or Guardian to complete details below for each family member Under 18 years of Age

<p>Adult Membership Number</p> <p>Surname:</p> <p>Given name:</p> <p>DOB:</p> <p>Ph:</p> <p>Email:.....</p> <p>Preferred Method of Contact:</p> <p>SMS/Text Message Email Phone Call</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other</p> <p>Medical Conditions: NO/YES Refer to medical questionnaire</p>	<p>Child Membership Number</p> <p>Surname:</p> <p>Given name:</p> <p>DOB:</p> <p>Ph:</p> <p>Permission for contact: YES/NO</p> <p>SMS/Text Message Phone Call</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other</p> <p>Medical Conditions: NO/YES Refer to medical questionnaire</p> <p>Medical Conditions: NO/YES Refer to medical questionnaire</p>
<p>Child Membership Number:</p> <p>Surname:</p> <p>Given name:</p> <p>DOB:</p> <p>Ph:</p> <p>Permission for contact: YES/NO</p> <p>SMS/Text Message Phone Call</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other</p> <p>Medical Conditions: NO/YES Refer to medical questionnaire</p>	<p>Child Membership Number:</p> <p>Surname:</p> <p>Given name:</p> <p>DOB:</p> <p>Ph:</p> <p>Permission for contact: YES/NO</p> <p>SMS/Text Message Phone Call</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other</p> <p>Medical Conditions: NO/YES Refer to medical questionnaire</p>
<p>Child Membership Number:</p> <p>Surname:</p> <p>Given name:</p> <p>DOB:</p> <p>Ph:</p> <p>Permission for contact: YES/NO</p> <p>SMS/Text Message Phone Call</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other</p> <p>Medical Conditions: NO/YES Refer to medical questionnaire</p>	<p>Child Membership Number:</p> <p>Surname:</p> <p>Given name:</p> <p>DOB:</p> <p>Ph:</p> <p>Permission for contact: YES/NO</p> <p>SMS/Text Message Email Phone Call</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other</p> <p>Medical Conditions: NO/YES Refer to medical questionnaire</p>



Goulburn Aquatic and Leisure Centre Membership Form

Pre-Screening Medical Questionnaire for Swim Memberships

This is to be completed in preparation for physical activity and must be completed by **any person** that has **ANY** health conditions. It is important that you disclose ALL of you existing medical conditions so that we can determine whether to seek further medical advice before commencing a membership. If you require additional forms please ask. This questionnaire does not provide medical advice in any form and does not substitute advice from appropriately qualified professionals.

Name: _____ **Membership Number:** _____

Has your medical practitioner ever told you that you have a heart condition or have you ever suffered a stroke or heart attack? Yes/ No _____
If so, please provide details.

Do you ever feel faint or suffer from spells of dizziness? Yes/ No _____

Do you suffer from asthma and require medication? Yes/ No _____

Have you had an asthma attack requiring immediate medical attention at any time over the last 12months? Yes/No _____

If you have type I or II diabetes, have you had trouble controlling your blood sugar in the last 3 months? Yes/ No _____

Do you suffer from any major muscle or joint conditions that may limit you or be aggravated by physical activity? Yes/ No _____

Do you suffer from any medical conditions that may be made worse by participating in physical activity? Yes/No _____

Do you suffer from high blood pressure over 140/90 or low blood pressure below 100/80? Yes/ No _____

Other medical conditions that are not listed that may have an impact on your health and safety.

Disclaimer: I believe to the best of my knowledge that all of the information I have provided on this tool is accurate. In the case that my medical condition changes over the course of my membership I will inform staff and fill out a new pre-screening questionnaire.

If you have answered no to all of the above questions and you are confident that you have no other concerns with your health then you may proceed to use our facilities. If you have answered yes to any of the questions above or are unsure, please seek a referral from your GP or allied health professional before commencing physical activity.

Client signature: _____

Date: _____

Staff signature: _____

Date: _____



Goulburn Aquatic and Leisure Centre Membership Form

Terms and Conditions

Payments

Payment options include upfront and direct debit.

Upfront payments may be made by cash, EFTPOS or credit card. Payments are required at the time of joining.

Confirmation of payment commits to acceptance of GALC terms and conditions.

Direct Debit

Direct Debit payments are deducted fortnightly based on the allocated date from Council; unfortunately you 'can not' allocate a specific day. If the time of joining is different to time of payment you will be required to pay a pro rata payment.

Concessions

Concession (reduced) rates are available upon producing the accepted concession card to be sighted upon enrolment. Please see the reception desk for a list of accepted concession cards.

Direct Debit option is perpetual until cancellation form submitted.

Refund Guidelines

Refund requests are considered and processed by Management only when they have been submitted with an attached medical certificate.

Refunds will not be approved for memberships that have already passed.

Cancellations

Upfront Payments - If the 'suspension' option is not suitable to you, you may cancel our membership for medical reasons. This must be accompanied with a medical certificate from a qualified medical practitioner. No exit fees will occur in this instance.

All other cancellation requests for upfront payments will be approved at management's discretion. This includes cancellations due to relocation.

Direct Debit- A minimum of 2 weeks' notice must be given for all direct debit cancellations. A membership cancellation form must be submitted

General Terms and Conditions

Memberships

Access is within Centre operating hours.

Applicants under 18 years old must get a parent/guardian to sign the membership agreement and pre-screen questionnaire.

A 'suspension' period is set for a minimum of 1 week and a maximum of 4 weeks in one period of time for all memberships.

This is set at a maximum of 8 weeks a year. A 'suspension' form must be submitted to reception in advance of the requested timeframe.

An extended 'suspension' may only be used for travel or medical reasons. Management must be supplied with supporting documents or a medical certificate.

A swipe card and ID number will be provided upon successful enrolment. For session entry you must swipe your card at reception. A fee of \$5 may be charged for lost cards.

Memberships are not transferable to another member.

Terms and Conditions continued

All patrons agrees to the following dress regulations within the Centre:

- All patrons (including babies and infants) attending the swimming center are required to wear appropriate swimwear.
- Waterproof nappies are required for all non-toilet trained participants when using the pool

All patrons must behave in a manner that is safe and respectful for the enjoyment and safety of other patrons using the Centre. Any behaviour which is considered offensive, inappropriate or interferes with the enjoyment of other patrons within the Centre will be evicted.

To respect the privacy of all visitors, any video, camera or recording equipment that is used within the centre **MUST NOT** be used without prior approval from Centre Management. Footage that is recorded by these devices cannot be shared on social media platforms without the consent of the persons in the footage or their legal guardians.

The Centre and the Goulburn Mulwaree Council does not accept liability for any theft, loss or damage to personal property, whether in the Centre or elsewhere.

Please note that the terms and conditions are subject to change at any time subject to GALC discretion. In this instance customers will be notified.

Safety

GALC conditions of entry apply to all aquatic memberships.

Patrons enter the Centre and use its facilities at their own risk. To the full extent permitted by law, the Centre and the Goulburn Mulwaree Council does not accept liability for any injury or death to any person whilst in the Centre

Centre management reserves the right to refuse entry and to evict any person at any time from the Centre at its sole discretion. The right of the Centre management to refuse entry to any person or to evict patrons from the Centre includes, but is not limited to, all matters concerning:

- a) persons under the influence of drugs or alcohol;
- b) dangerous or unsafe behaviour;
- c) disorderly, disruptive, inappropriate or antisocial behaviour;
- d) vandalism; and
- e) admission evasion.

Centre management may refuse entry to, or evict a person from, the Centre who compromises the safety or overall enjoyment of other patrons within the Centre. A person or group refused entry to, or evicted from the Centre, has no right to a refund of any monies paid for admission to the Centre. Council reserves the right to ban patrons from using the site.

Lane etiquette guidelines must be followed at all times.

Smoking is prohibited in all areas of the Centre.

In the event of an emergency, please follow all directions as instructed by GALC staff. The safety of our customers is at the forefront of our operation and we appreciate your cooperation in the event of an emergency.

For more information, please contact:

Goulburn Aquatic and Leisure Centre on: 02 4823 4834

Email: swimreception@goulburn.nsw.gov.au

www.goulburnaquaticcentre.com.au