Shire of Halls Creek – Aquatic & Recreation Centre

**Card # Issue Date: Expiry Date:**

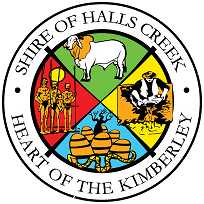
Great Northern Highway, Halls Creek WA

Tel: 08 9168 6007

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Email: hcshire@hcshire.wa.gov.au

ABN: 58 251 691 051

**Membership form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next of Kin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Guardian if under 18yrs old)

Membership Information

* Adult
* 16yrs old +

(Persons under 18 years old are not permitted in gym without the written consent of a parent or guardian. ID must be shown from the Parent/Guardian when filling out this form)

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| **Fitness Service Duration** |
| 🞏 1 Month 🞏 3 Months  🞏 6 Months 🞏 12 Months  🞏 Swipe Card for after-hours access |
| **Total Cost $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Refunds** | **Payment Type** |  | 🞏 Cash   * Card * Chq |
| Refunds are up to the discretion of the Manager of Sport and Recreation. If a refund is approved there will be a 20% reduction of the overall fee for administrative costs. | | | |
| **Terms and Conditions** | | | |
| **GYM RULES**  A gym induction must be carried out before use of the gym is allowed. The induction form must be signed by both a Recreation Centre staff member and the Gym Member. All rules on the induction must be followed.  The Shire may close the gym without notice to comply with COVID 19 restrictions issued by the WA Department of Health.  **Apparel**  Gym clothing is to be worn during gym usage – shorts, tee shirt or singlet.  Covered footwear is to be worn in the gym at all times.  NO THONGS, SANDALS, SLIP ON SHOES OR WORKBOOTS (STEEL CAPS)  Gym users are reminded to maintain personal hygiene at all times in the gym.  **Access**  Access to the gym is only available through membership and the purchase of a swipe card.  Prior to using the after-hours access card, all card holders must report to the appointed Shire Staff Member for an induction on operating the gym security system and accessing the after-hours toilet facility. Upon completing the induction a form the member is to sign and return the induction form to confirm the induction has taken place.  After-hours access card holders will be allocated a Personal Identification Number (PIN) for controlling the after-hours security system. **The PIN is to be kept confidential**, so no one else can access the alarm, memorise your PIN and destroy any record of it, don’t write the PIN down and always cover the keypad when entering your PIN. Should you forget your PIN a new PIN can be issued at the Shire Office (please bring your membership card and an additional form of identification such as a driver’s licence).  All access is for private individual use only.  Children under the age of 16 years of age are not permitted to use the gym at any given time.  Only appropriately registered people with current membership can use the Gym.  Towels must be taken into the Gym and used on Gym equipment during workouts and stretching.  Gym users are encouraged to bring a plastic water bottle and to re-hydrate during a workout.  **Gym Equipment**  In consideration of other Gym users:   * return weights to their stack after use * do not drop weights or leave them lying on the floor * time limit of 30 minutes on Cardio machines * wipe cardio machines and benches after use * wear gloves while using the Boxing Bag * equipment cannot be borrowed   **Conduct**  Gym users must respect their fellow gym users at all times.  Abusive language, inappropriate or disruptive behaviour will not be tolerated.  Smoking, food, gum or alcohol is not permitted in the gym.  The Shire does not provide personal trainers or exercise prescription. Always consult with your doctor or health care provider before beginning any type of exercise programme. If you experience pain or discomfort during your exercise programme stop and seek first aid or medical advice.  **Security**  Security cameras operate within the Aquatic and Recreation Centre including the Gym for the security of all users. Recorded information may be viewed and used by Shire staff and the Police for security purposes.  **Termination of Membership**  The agreement may be terminated by the Shire, without refund, if the client fails to abide by the terms and conditions of the facility.  **The agreement will be terminated by the Shire without refund, if the member allows another person to use this membership and /or swipe card or divulges the PIN to another person.**  Termination will be effected by the issue of a signed letter be the a Manager of the Shire of Halls Creek.  The agreement may be terminated by the client if the gym has to close.  **This is not an ongoing membership and the agreement will not automatically renew at the end of the membership period.**  **Declaration**  I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ fully acknowledge that there is no Gym Supervisor or Exercise Prescription provided to gym users at the Shire of Halls Creek Gym. I have read the above terms and conditions of use and understand my responsibility in using the Gym and undertaking a physical activity programme.  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the legal parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  By co-signing below, the parent or guardian of a 16 or 17 year old agrees to this Agreement, agrees to accept personal responsibility to ensure the 16 or 17 year old complies with it, and also agrees to rectify any failure of the 16 or 17 year old to comply with it. | | | |
| **Authorisation** | | | |
| All of the information I have supplied within this form is correct as per the terms and conditions stated.  **Member’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_  **Parent/Guardian’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_  **Staff Member**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |