



Toi Ohomai Community Recreation Centre

Membership Form and Pre Exercise Questionnaire

Membership Type

- Student 6 months \$150
 Staff member 6 months \$160
 Public 1 month \$60
 Student 12 months \$200
 Staff member 12 months \$220
 Public 6 months \$265
 Student graduate 12months \$220
 Staff family member 6months \$160
 Public 12 months \$390
 Staff family member 12 months \$220

A Toi-ohomai Recreation Centre one-year membership enables the customer free entry and use of the gym weights room, aerobic classes and sport leagues. Recreation programmes, service and room hire at Personal Details (please print clearly)

First Name _____ Surname _____
 Address _____
 Suburb _____ Town _____ Postcode _____
 Date of birth _____ Male Female
 Ethnicity European NZ Maori NZ Pacific Islander Asian Other
 Drivers license number _____ Expires _____
 Home phone _____ Work _____ Mobile _____
 Email _____
 Occupation _____

If you are:	Then please tell us:	Student ID number
Toi Ohomai Student	Which course or qualification?	
Toi Ohomai Staff	Which department?	
Public	Where do you work?	

Emergency Contact Details

Name _____ Relationship to you _____
 Phone. _____ Mobile _____

Training and Exercise History

Have you been a member of a gym before? Yes No If yes, which one? _____
 How would you describe your current physical condition?
 Unwell Overweight Unfit Healthy Fit Very fit and healthy
 Frequency of exercise _____ times per week
 Perceived intensity when exercising Hard Medium Light Very light

What regular exercise do you currently do? _____

What types of exercise do you enjoy?

- | | | | |
|---|-------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Yoga | <input type="checkbox"/> Dance | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Gym cardio/weights | <input type="checkbox"/> Walking | <input type="checkbox"/> Running | <input type="checkbox"/> Squash |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Netball |
| <input type="checkbox"/> Soccer | | | |

What are your lifestyle fitness goals?

- | | | |
|---|---|--|
| <input type="checkbox"/> Weight loss and or reduce body fat | <input type="checkbox"/> Firm and increase tone | <input type="checkbox"/> Muscle gain, strength |
| <input type="checkbox"/> Sports conditioning | <input type="checkbox"/> Increase energy | <input type="checkbox"/> Manage stress |
| <input type="checkbox"/> Improve confidence | <input type="checkbox"/> Improve self esteem | <input type="checkbox"/> Look and feel good |
| <input type="checkbox"/> Complete an event | <input type="checkbox"/> Join a social sport team | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Exercise and health screening | <input type="checkbox"/> Personal training | <input type="checkbox"/> Massage therapy |

Medical/Health Information

Do you have any current injuries? _____

Have you had any past injuries? _____

Do you have any problems with any of the following?

- | | | | |
|-------------------------------|------------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Neck | <input type="checkbox"/> Shoulders | <input type="checkbox"/> Elbows | <input type="checkbox"/> Wrists |
| <input type="checkbox"/> Hips | <input type="checkbox"/> Knees | <input type="checkbox"/> Ankles | |

Have you had any major surgery? _____

Do you have a medical history of:

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Dieting or fasting | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Fainting or vertigo | <input type="checkbox"/> Palpitations or pain in the chest | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Shortness of breath after mild exercise | <input type="checkbox"/> Chest pain |
| <input type="checkbox"/> Liver or kidney problems (current) | <input type="checkbox"/> Arthritis (requiring medication) | <input type="checkbox"/> Cramps |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Glandular fever (recent) | |

If none of the above apply please tick box and sign _____

Are you, or have you recently had or done any of the following?

- | | | |
|--------------------------------------|------------------------------|-------------------------|
| Prescribed medication? | <input type="checkbox"/> Yes | |
| Are you pregnant? | <input type="checkbox"/> Yes | If yes, due date: _____ |
| Given birth in the last 6 weeks? | <input type="checkbox"/> Yes | |
| Have you been hospitalised recently? | <input type="checkbox"/> Yes | If yes, when: _____ |

PLEASE NOTE: If you have ticked YES to any of the above medical conditions or recent events OR you are NOT SURE we recommend that you see a doctor to obtain a medical certificate for the exercise regime you wish to carry out.

Toi Ohomai Community Recreation Centre Conditions of Use

WARNING – This is an important document that affects your legal rights and obligations. Read it carefully and do not sign it unless you are satisfied that you understand it. If you have any questions please ask our staff for assistance.

RECREATION CENTRE OPERATOR: Toi Ohomai Institute of Technology

NAME _____ AGE _____

ACKNOWLEDGEMENT OF RISKS, INJURY AND OBLIGATIONS

I ACKNOWLEDGE AND UNDERSTAND that the activities I am to undertake expose me to certain risks and that whilst participating in such activity:

- I may be injured, physically or mentally
- My personal property may be damaged
- I know how to use the below equipment correctly;

Cardio equipment Free weights Weight machines Cross fit rig

- I have been informed of the recreation center's emergency evacuation plan

RELEASE AND INDEMNITY TO THE TOI OHOMAI RECREATION CENTRE OPERATOR

IN CONSIDERATION of the acceptance of my payment for participating in the activity (and except to the extent that the same may be precluded by statute) I AGREE TO RELEASE AND INDEMNIFY the Recreation Centre Operator as follows:

- I participate in the activity at my sole risk and responsibility, and
- I release, indemnify and hold harmless the Recreation Centre, and its staff, from and against all and any actions or claims which may be made by me or on my behalf by other parties for or in respect of arising out of any injury, loss, damage or death caused to me or my personal property whether by negligence, breach of contract or in any other way whatsoever.

NOTE: No refunds will be given for memberships which are cancelled prior to the expiry date.

Before signing this document I have read and understood it and know that it affects my legal rights.

SIGNATURE _____ DATE ____ / ____ / ____

WHERE PARTICIPANT IS 14-16 YEARS OF AGE

I, _____ being the person named in this acknowledgement and release HEREBY ACKNOWLEDGE AND AGREE that I will be accompanied at all times by a parent/caregiver.

SIGNATURE _____ DATE ____ / ____ / ____

WHERE PARTICIPANT IS UNDER 18 YEARS OF AGE

I, _____ being the parent or guardian of the person named in this acknowledgement and release HEREBY ACKNOWLEDGE AND AGREE:

- I have read and understood the whole of this document,
- I consent to the person named in this acknowledgement and release participating in the activity, and
- I am aware of the risks, dangers and obligations set out above.

IN CONSIDERATION of the person named in this acknowledgement and release being accepted to participate in the activity, I AGREE TO THE RELEASE AND INDEMNIFY the Recreation Centre in the same manner and to the same effect and extent as though I were the person first named in the acknowledgement and release.

PARENT/GUARDIAN SIGNATURE _____ DATE ____ / ____ / ____