

# Toi Ohomai Community Recreation Centre Membership Form and Pre Exercise Questionnaire

## Membership Type

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Student 6 months \$100  | <input type="checkbox"/> Staff member 6 months \$110         | <input type="checkbox"/> Public 1 month \$60    |
| <input type="checkbox"/> Student 12 months \$140   | <input type="checkbox"/> Staff member 12 months \$170        | <input type="checkbox"/> Public 6 months \$215  |
| <input type="checkbox"/> Student graduate 12 months \$170  | <input type="checkbox"/> Staff family member 6 months \$110  | <input type="checkbox"/> Public 12 months \$340 |
| <small>Graduates are eligible for student graduate price for up to 2 years after graduating. A graduation certificate must be signed by your tutor and presented at the time of application.</small> |  |   |
|  | <input type="checkbox"/> Staff family member 12 months \$170 |   |

A Toi Ohomai Recreation Centre one-year membership enables the customer free entry and use of the gym weights room, aerobic classes and sports leagues. Recreation programmes, services, equipment and room hire are at an additional cost.

## 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:	
Toi Ohomai Student	Which course or qualification?	Student ID number
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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_