

7 DAY FREE TRIAL FORM



CURTIN STADIUM

Personal Information

Full Name:			
Email:			
Mobile:		Student / Staff Number:	

By providing your email address you will receive Membership Information and Curtin Stadium updates.

Local Emergency Contact Details

Mobile/Phone:		Contact Name & Relationship	
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How did you hear about us?

(Please circle)

Social Media Word of Mouth Curtin Stadium Website Referral Online Search Event Advertising Other: _____

What is your overall Fitness Goal?

What areas are you interested in?

(Please circle)

Fitness Centre Group Fitness Ladies Studio Personal Training Boot Camp Other: _____

Terms and Conditions

- Trial is subject to Curtin Stadium Terms and Conditions available to view at reception.
- Trial is valid for first time Curtin Stadium free trial users only.
- Users under 16 to be accompanied at all times by a parent/guardian.
- Trial is valid for 7 days continuous use from the start date for the Fitness Centre, Group Fitness classes or Ladies Studio.
- Trial cannot be suspended once started.
- If a Group Fitness Class reaches capacity trial users must make way for Curtin Stadium Members.
- Not valid in conjunction with any other offer.

Disclaimer

I have read and understood the Terms and Conditions that apply to a 7 Day Free Trial.

YES / NO

Do you or have you had any major injuries or illness? Please complete screening tool on reverse of this page.

YES / NO

Signed:		Date:	/	/
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Staff Use Only

Start Date	
Expiry Date	
Category (Student/Staff/Community)	
Notes	

ADULT PRE-EXERCISE SCREENING TOOL

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 or Sports Medicine Australia for any loss, damage or injury that may arise from any person acting on any statement or information contained in this tool.

STAGE 1 (COMPULSORY)

AIM: to identify those individuals with a known disease, or signs or symptoms of disease, who may be at a higher risk of an adverse event during physical activity/exercise. This stage is self administered and self evaluated.

Please circle response

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 diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise?	Yes	No
7.	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 7 questions, please seek guidance from your GP or appropriate allied health professional prior to undertaking physical activity/exercise

IF YOU ANSWERED 'NO' to all of the 7 questions, and you have no other concerns about your health, you may proceed to undertake light-moderate intensity physical activity/exercise

I believe that to the best of my knowledge, all of the information I have supplied within this tool is correct.

Signature _____ Date _____