

# 7 DAY FREE TRIAL FORM



Curtin University

SPORT AND RECREATION

## Personal Information

Full Name:			
Email:		Date of Birth:	/ /
Mobile:		Student / Staff Number:	

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

## Local Emergency Contact Details

Mobile:		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?

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## 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 Membership 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 and form signed by a parent/guardian below.
- 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 the 7 Day Free Trial.

**YES / NO**  
(Please circle)

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

**YES / NO**  
(Please circle)

Is the participant under 18? If answered yes then this must be signed by parent/guardian who warrants that they are the parent or legal guardian of the member and that they have the authority to bind themselves and the participant to the Free Trial Terms and Conditions.

**YES / NO**  
(Please circle)

Signed:		Date:	/ /
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### Staff Use Only

Start Date	/ /	End 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.

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

Date of Birth: \_\_\_\_\_ Male  Female  Date: \_\_\_\_\_

## 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 \_\_\_\_\_