

ADULT MEMBERSHIP AGREEMENT & MEDICAL SCREENING

NAME:	DATE OF BIRTH:
ADDRESS:	
EMAIL:	PHONE:
RELATIONSHIP TO SCHOOL:	
EMERGENCY CONTACT NAME:	RELATIONSHIP:
EMERGENCY CONTACT PHONE:	

MEDICAL HISTORY	YES	NO	DETAILS
Has your doctor ever told you that you have a heart condition, have you ever suffered a stroke or does your family have a history of heart disease?			
Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?			
Do you smoke cigarettes? If so, how many per day/week?			
Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?			
Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?			
If you have diabetes (type I or type II), have you had trouble controlling your blood glucose in the last 3 months?			
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?			
Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise? (eg epilepsy, back or neck problems)			
Have you spent any time in hospital in the last 12 months?			
Do you have high cholesterol?			
Are you pregnant, or have you given birth in the last 12 months?			

NOTE: If you answered YES to any of the above questions, please seek guidance from your GP or appropriate allied health professional prior to undertaking any physical activity.

If you are over the age of Female 55 and Male 45, a medical referral form must be supplied from a doctor.

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

Signature:	Date:
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Permissions and Publications:

I hereby acknowledge and give permission for Genesis Christian College Ltd trading as Genesis Sports & Aquatics ("the Centre") to take, use and disclose any personal information that may be necessary to implement the rules, regulations and policies of the Centre. I agree to allow my results, name and photos to be published in official programs, newsletter and websites for the promotion of the Centre or any other lawful purpose pertaining to the Centre.

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I give permission to the Centre, its employees and agents, to take and use visual/audio images of myself. Visual/audio images are any type of recording, including photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. The Centre will not materially alter the original images.

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Indemnity:

I, _____ (name), acknowledge and agree that the Centre, Genesis Christian College Ltd general, and their employees and contractors will not be liable for any loss or damage to any persons or properties arising from any acts or omissions by the Centre, Genesis Christian College Ltd or their employees and contractors or any participant in the Centre arising under the law of contract, tort or otherwise, and indemnify the Centre and Genesis Christian College Ltd in relation to any such loss or damage.

By signing this form, I give my consent to participating in all Centre adult services under the guidance of the staff and instructors involved. To ensure the safety, wellbeing and successful conduct of all participants as a group, or individual in the above mentioned activities staff may seek to terminate or remove you from participation should inappropriate conduct occur. I also authorise the staff to obtain medical assistance if required and I agree to pay all medical expenses incurred. I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises. Further, I acknowledge that every effort has been made to outline necessary information to Centre staff which might affect my ability to participate in any services offered.

Declaration:

I hereby declare that I agree to the above information, and that the information I have provided is an accurate record of me and my health.

Signature:

Date:
