



APPLICATION DATE: / /

FOB NUMBER:

NARROMINE SPORTS CENTRE MEMBERSHIP AGREEMENT

NOTICE

This agreement sets out your rights to use the Facilities at the Narromine Sports Centre and the responsibilities you have as a member.

Please read this agreement carefully and if you have any queries regarding this agreement, please ask us before you sign.

TYPE OF AGREEMENT

PAID IN FULL Agreement – you will need to sign a new agreement after the term ends. Your fees may increase during the term of the agreement.

DETAILS

ID (e.g. Licence)

Copy of ID Attached: Yes / No

Name

Address

Email

Phone Birth Date

Gender

Student/Pension Card Number

Emergency Contact Phone

TERM OF AGREEMENT

This agreement commences on the date you sign, unless agreed by us to a later date.

This PAID IN FULL AGREEMENT will expire on

FEES

Membership Fee Access Key Fee

Other (if applicable)

Term of Agreement

Total Fees Payable for the term of the Agreement

===== **FOR OFFICE USE ONLY** =====

Cashier:

Signature:

FOB Activation Date:/...../.....

Expiry Date:

CONDITIONS OF AGREEMENT

1. ACCESS

On signing this agreement, Council will issue you with an Access Key that will let you access the Narromine Sports Centre and use the facilities and services.

You will need to swipe your access key each time you use the facilities.

If you forget your access key you will need to see a staff member at Council's offices.

If you lose your access key or it is stolen you must contact Council as soon as possible and get a replacement.

You may not let anyone else into the facilities or let anyone else use your access key at any time.

2. MINIMUM MEMBERSHIP AGE

For safety and security reasons you must be at least 15 years old to be granted an access key. If you are 15 to 17 years of age, both you and your parent or guardian must sign and agree to the terms of this agreement.

3. HEALTH AND SAFETY

When signing this agreement, each time you use the facilities you must ensure that you are in good physical condition and know of no medical condition or other reason why you should not exercise. If you are unsure, you should not use the facilities until you have obtained appropriate medical advice and consent to resume activities.

You must not use the facilities if you are suffering from any illness, disease or other condition which could be a risk to your health or that of other users.

4. ORIENTATION

You may be required to participate in an orientation to familiarise yourself with the facilities and services prior to use.

5. PROPER USE OF EQUIPMENT

You must take care of all the equipment and facilities safely and properly. Do not operate any equipment if you are unsure how to use it properly.

6. FACILITY RULES

There are rules displayed in the facility. These rules apply to everyone using the facility and the services. The rules form part of this Agreement so you must make sure you read, understand and follow them at all times. If you break any rules, Council may give you a warning or may cancel your membership.

7. ALCOHOL AND ILLEGAL PERFORMANCE ENHANCING OR ILLICIT SUBSTANCES

You will not consume alcohol, illegal performance enhancing substances or use illicit substances and will not distribute these in or near the facilities.

8. INAPPROPRIATE CONDUCT

You will not engage in any risky or inappropriate behavior. You will not threaten or harass others, damage equipment, distribute or use illicit drugs, or train other users. If you do, your agreement will be cancelled and the matter may be referred to the appropriate authorities. You will be liable for any loss or damages.

9. SECURITY

The Narromine Sports Centre has CCTV security cameras operating 24 hours a day (except in the bathrooms) and may have remote video or other guarding services.

10. EMERGENCIES

The Narromine Sports Centre has a panic button installed to alert Council if you require medical help or feel threatened. You agree to only use this in an emergency. If you use it inappropriately you will be liable for any costs or damages incurred.

11. PRIVACY

By signing this agreement you give consent to Council collecting your personal information in accordance with our Privacy Management Plan. This can be accessed on our website at www.narromine.nsw.gov.au

12. UPDATING CONTACT INFORMATION

You must advise Council promptly if you change your contact or payment details or if there is any other relevant change to your personal details.

13. CONSENT TO USE YOUR IMAGE

You understand that photos, films, videos or audio recordings are sometimes taken for promotional purposes. Your permission will first be obtained prior to this. By signing this agreement you agree to allow your image, recording or likeness to be used for any legitimate purpose by us.

14. TERMINATION OF AGREEMENT

You can terminate this agreement by advising us in writing or in person. If you cancel your paid in full agreement prior to termination date, you will be liable for the fees incurred. You cannot transfer or assign the agreement to any other person.

15. MEMBERSHIP FEES

This is a paid in full membership and fees must be paid before the commencement of this agreement. In such, the fees are non-refundable.

16. FEE INCREASES

During the term of this agreement, your fees may be increased or varied. We will make reasonable efforts to advise you of any fee changes.

17. LOSS OF PROPERTY

You agree to not unnecessarily bring valuables into the Narromine Sports Centre and agree that it is not the responsibility of the Council to look after unattended property.

18. FACILITY CLOSURES

Council may be required to closed the facility for a period of time, for example, due to an emergency or if required to by a court order or law.

If Council closes the facilities your membership will be frozen and extended for a time equal to the closed period.

19. COMPLAINTS AND FEEDBACK

If you have concerns about the facilities please raise them with Council. Complaints will be dealt with in accordance with Council's relevant policies.

20. BREACH OF AGREEMENT

Council may cancel this agreement if you breach any obligation under this Agreement. If Council cancels your membership, you will be liable for the fees incurred for the time you were a member (calculated on a pro rata basis), the access fee or any other fees for costs, loss or damages caused by your breach.

SIGNATURE

I/we have read through this Agreement in full and understand my/our obligations under it.

By signing below, I/we agreed to be bound by the provisions of this Agreement.

15 – 17 Year Olds - You have read and understand the conditions and will act in accordance with them. Your parent or guardian must also co-sign this Agreement.

Member Signature _____ **Date** _____

By co-signing below, the parent or guardian of a 15 – 17 year old agrees to this Agreement, and includes to accept personal responsibility to ensure that the 15 – 17 year old complies with it and to rectify any breaches by the 15 – 17 year old.

Parent/guardian Signature _____ **Date** _____

Name and ID _____ Relationship _____

SPORTS CENTRE MEMBERSHIP – PRE ACTIVITY QUESTIONNAIRE

This questionnaire is to be completed before purchasing a Sports Centre Membership. It is important that you disclose all existing medical conditions, so that we may determine if you require further medical advice before commencing an exercise program.

PLEASE NOTE: This questionnaire does not provide medical advice, nor does it substitute advice from qualified professionals. This questionnaire in no way guarantees against injury or death.

DETAILS

Name

Birth Date Gender

QUESTIONNAIRE

- | | | |
|--|-----|----|
| 1. Have you ever been told that you have a heart condition? | Yes | No |
| 2. Have you ever had a stroke? | Yes | No |
| 3. Do you ever experience unexplained pains in your chest at rest, or during physical activity/exercise? | Yes | No |
| 4. Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance? | Yes | No |
| 5. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months? | Yes | No |
| 6. If you have diabetes (type I or II) have you had trouble controlling your blood glucose in the last 3 months? | Yes | No |
| 7. Do you have any major muscle or joint conditions that you have been told will be made worse by participating in physical activity/exercise? | Yes | No |
| 8. Do you have any other medical conditions that may make it dangerous for you to participate in physical activity/exercise? | Yes | No |

If you have answered no to all of the above questions and you are confident that you have no other concerns with your health then you may proceed to participate in physical activity.

If you have answered yes to any of the questions above or are unsure about your answers, please seek clearance from your doctor before commencing physical activity.

SIGNATURE

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

Signature _____ Date _____