



Clive Berghofer Recreation Centre
 Baker Street
 Darling Heights QLD 4350
 Ph: 07 4631 1588
 ABN: 11 199 275 853

Personal Details

Family Name		Given Name/s:	
Date of Birth	/ /	Gender:	
Email Address			
Postal Address			
Suburb/City		Post Code:	
Daytime Phone No.		Mobile Phone No.:	
I give permission for USQ staff to send correspondence to me via email/SMS.			Yes / No
I give permission for USQ staff to take and use photographs of me for publication including media releases, Facebook & other social media.			Yes / No

Emergency Contact Details

Family Name		Given Name/s	
Daytime Phone		Mobile Phone	
Doctor's Name		Phone Number	
Membership Type	Please tick	Joining Fee	Fortnightly Fee
USQ Staff*		Proudly Supported and paid in full by USQ	
		24/7 Access Required	Yes No

Please note these fees are subject to change as per the direction of the USQ Student Guild Board
 * Conditions apply

Signature:..... Date:.....

Office Use Only:

Offered Consultation Y/N Consultation accepted Y/N If yes, Booking Date:

Member and Payment Details entered into the system:.....

Member Number: Staff/Student/Concession Card Sighted: 24/7 Access Key:.....

Toowoomba	Springfield	Ipswich	Fraser Coast	Stanthorpe
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Privacy Statement

The Works Health & Recreation Club is wholly owned and operated by the University of Southern Queensland Student Guild (USQ Student Guild). The USQ Student Guild collects personal information to assist in providing the best fitness and related ancillary services to suit your needs and to be able to contact you regarding your membership and other associated USQ Student Guild services. Personal information will not be disclosed to third parties without your consent unless required by law. If you wish to gain access please contact The Privacy Officer, University of Southern Queensland, Toowoomba, QLD, 4350.

Terms & Conditions

- I declare that the information that I have given is true and correct.
- I agree to fulfil the financial commitments of this membership agreement, even in the event of me not attending 'The Works', or utilising its services.
- All new members are required to pay a Joining Fee. Members that do not renew their membership within ninety (90) days are required to repay the joining fee.
- Bootcamps require a minimum of 12 participants to commence. If the minimum number is not met, it will be cancelled.
- For Personal Training session cancellations, 24 hours' notice is required. Members **will** be charged for no-shows.
- Members who buy Personal Training Packs, must have a minimum of 1 session a week
- A USQ Staff member includes all executive, professional and academic continuing and fixed term staff at USQ whose appointment duration is for more than 12 months in a single contract.
- A USQ Associate includes all other staff that are not eligible for the above USQ Staff Program and includes spouse, de-facto, child, step child, parent, grandparent, grandchild, or a person approved by the General Manager.
- A Concession Member includes all persons with a valid Centrelink Concession Card or is a student, other than a USQ student.
- A Corporate Member is a person who is a member of the USQ Corporate Club.
- **I acknowledge that:**
- If I believe there is a risk to my health by participating in a fitness activity at this fitness centre, I must inform the centre in writing about the potential risk.
- I may be required to produce a Doctors Clearance Letter if any medical conditions I have could adversely be affected by exercise.
- I understand that it is a condition that I participate in a scheduled member orientation program. The orientation focuses on the safe and correct use of the equipment provided at the Club.
- Within the 'cooling off' period (48 hours from joining) I may, in writing request a refund less an administration fee of \$39.
- The membership fees are subject to change at the discretion of the USQ Student Guild Board.
- As a result of permanent sickness or physical incapacity, written notice and a medical certificate supporting permanent sickness or incapacity is required. The Works will refund the client a proportion of the fees representing the unused part of the agreement less an administrative fee of \$39.
- A member will be charged a \$10 Dishonour Fee in the event that a fortnightly direct debit payment is dishonoured by their financial institution. Should my direct debit payments be rejected by the bank on two consecutive direct debit runs (other than through the fault of the USQ Student Guild or its Payment Provider), my membership will be cancelled.
- I understand that for any other reason, no refund of upfront payments is available and the minimum requirements of cancellation apply.
- Thirty (30) days written notice must be supplied for any cancellation reason including application.
- The USQ Student Guild reserves the right to extend or revoke this membership at any time without explanation and remove from the premises any member or person invited by him/her who may be involved in unacceptable or inappropriate behaviour. No refund will be given to any members or guests who are removed.

I AGREE TO RELEASE AND INDEMNIFY the Recreational Activity Provider as follows:

- I participate in the activity at my own risk and responsibility.
- I release, indemnify and hold harmless the Recreational Activity Provider, its servants and agents, from and against all and any actions or claims which may be made by me or on my behalf or by other parties for or in respect of or in the event that I am injured or my property is damaged, I will bring no claim, legal or otherwise, against the Recreational Activity provider in respect of the injury or damage.
- I have read and understood 'The Works' Membership Terms and Conditions and agree to the same.
- A towel must be used at all times during any workout in the centre to cover exercise machines and remove sweat left on machines in the process of performing any exercise. No member or guest will be able to use the facilities if they do not have a towel or appropriate enclosed shoes.
- I, the Parent/Guardian, of the person named in these Terms and Conditions, consent to the participation in the outlined activity, am aware of the risks, dangers and obligations set out above in Terms and Conditions
- As the parent/guardian of the person named in this Agreement and Release (being a minor 13-16yrs), I shall at all times during the activity keep said person under my control and in my company. The minor and parent must sign the Pre-Activity Readiness Questionnaire Form.
- In consideration of the person named in these Terms and Conditions being accepted to participate in the activity I AGREE TO RELEASE AND IDEMNIFY the Recreational Activity Provider in the same manner and to the same effect and extent as if I were the person first named in these Terms and Conditions and the person participating in the activity.

Signature of Participant:.....

Date / /

Signature of Parent/Guardian:.....

Date / /



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Medical Questionnaire

Family Name:	Given Name/s:
Height:	Weight:

Have you ever suffered from/subject to/or on:

Category #1			Category #2			Category #3		
High Blood Pressure	Yes	No	Pregnancy/Pelvic Floor	Yes	No	Joint Injury	Yes	No
Respiratory Disorders	Yes	No	Prescription/Medication	Yes	No	Arthritis	Yes	No
Heart Trouble	Yes	No	Migraines	Yes	No	Neck Pain	Yes	No
Stroke	Yes	No	High Cholesterol	Yes	No	Back Pain	Yes	No
Blood Disorders	Yes	No	Any Surgery	Yes	No	Musculoskeletal	Yes	No
Glandular Fever	Yes	No	Asthma	Yes	No	Prior Joint Injury	Yes	No
Epilepsy or Seizures	Yes	No	Hernia	Yes	No	Obesity	Yes	No
Diabetes	Yes	No	Mental Illness	Yes	No	Sight Impaired	Yes	No
Other, please list details below	Yes	No				Hearing Impaired	Yes	No

If you have indicated YES to any of the above conditions, please give details including dates, condition occurred, current status:

Are you aware of any other conditions not mentioned that may affect your exercise? Yes / No
 If yes, please explain.

Signature of Member: Date / /

Signature of Parent/Guardian:..... Date / /

OFFICE USE ONLY

Client is aged 18-55 and has NOT identified any risk factors. Yes/No	Clear to begin Exercise Program: Yes/No Notes:
Client has indicated YES under Category #1 Yes/No	Medical Clearance required from Doctor/Specialist Yes/No
Client has indicated YES under Category #2 Yes/No	Medical Clearance required from Doctor/Specialist Yes/No
Client has indicated YES under Category #3 Yes/No	Medical Clearance required from Doctor/Specialist Yes/No

To be completed by Member and Trainer:

Do you have any specific goals that you wish to achieve? Yes / No

Goals:

Consultation 1 Date:	Consultation 2 Date:
Program Review:	Program Review:
Was the member handed a Training Diary/Program Schedule?	Yes / No / NA

Trainer Name:..... Trainer Signature & Date:.....



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24 Hour Membership Conditions

Family Name:	Given Name/s:
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I hereby Acknowledge that:-	Member's Initial
<ul style="list-style-type: none"> I and only I am able to access the Centre with my 24hr access key. 	
<ul style="list-style-type: none"> I am aware that the Centre is under constant video surveillance 24 hrs per day. 	
<ul style="list-style-type: none"> I cannot directly or indirectly provide access to the Centre to anyone else. If I do so I will be held personally liable for the fees, damage or loss to the Centre by my actions. 	
<ul style="list-style-type: none"> If I allow others to enter who do NOT have a 24hr membership at this Centre, my membership will be cancelled and legal action will be taken to rectify any loss incurred by my actions. 	
<ul style="list-style-type: none"> I will abide by the Centre's Code of Conduct at all times (i.e. proper behavior, appropriate clothing, enclosed shoes, carry a towel and water bottle). 	
<ul style="list-style-type: none"> I will not use inappropriate language, aggressive behaviour, threaten, bully or intimidate other patrons or staff of the Centre. 	
<ul style="list-style-type: none"> I will not use or engage with any discriminatory behaviour based on gender, religion, culture, sexual orientation or disability. 	
<ul style="list-style-type: none"> The 24hr key is only to be used when accessing the Centre outside of normal business hours (see Centre staff for opening hours). 	
<ul style="list-style-type: none"> No barbells are available out of staffed hours. 	
<ul style="list-style-type: none"> After use all weights must be replaced on relevant equipment. 	
<ul style="list-style-type: none"> I have been trained and given access to the Centre First Aid Kits which are located at the 24hr access entrance in the gym area. 	
<ul style="list-style-type: none"> I have been trained and given access to the Duress Necklaces which are located beside the Centre's First Aid Kits. I am aware that I need to push both buttons together to alert USQ Security and Ambush Security services. 	
<ul style="list-style-type: none"> I have been trained on the Centre's Emergency and Evacuation procedures. If evacuation is required, I understand that I must leave through the 24hr access door or the emergency exit door at the end of the corridor. If my card does not work, I understand that I must press the emergency button located to the left of the 24hr access door. 	
<ul style="list-style-type: none"> On cancellation, my 24hr access key must be returned to Centre reception otherwise a \$30 key replacement will be charged to my account. 	

I.....have read and understood the conditions of use and have initialled each condition.

Member Signature:..... Date: / /20 Key No.:.....

The Works Staff Member:..... Date: / /20