



**PROGRAM COURSE ENROLMENT FORM**

Course Details	Time	Cost	
Holiday Sport & Activity Program	12:15pm-4pm	Members: \$30/half day Non-Members: \$40/half day	<input type="checkbox"/>
	9am-4pm	Members: \$50/full day Non-Members: \$65/full day	<input type="checkbox"/>
Gymnastics Skills Clinic	9am-12pm	Members: \$25/session Non-members: \$35/session	<input type="checkbox"/>
Swim Vac	9am-12pm	\$70 (5 day program)	<input type="checkbox"/>
Dive or Skills Clinics	Dive-10:30am Skills-10:45am	\$20/clinic	<input type="checkbox"/>

**Program Attendance Dates:**

**FAMILY DETAILS**

Title: Mr  Mrs  Miss  Ms  Centre Member Y  N

Parent(s) Full Name(s):

Child A's Full Name:	Gender: Male / Female	Date of Birth	/ /
Child B's Full Name:	Gender: Male / Female	Date of Birth	/ /
Child C's Full Name:	Gender: Male / Female	Date of Birth	/ /

Address:

Suburb: Post Code:

Phone - Mobile: Home: Work:

Emergency Contact: Phone

Second Emergency Contact: Phone

Email Address:

Source of Introduction School  Web  Existing Member  Other: \_\_\_\_\_

Are any of the children living with a disability, allergy, medical or emotional conditions that may restrict them from performing any activities that you feel we should be made aware of?

Y  N  Details: \_\_\_\_\_

**PAYMENT INFORMATION**

Payment Type Cash  Cheque  (made out to UATMQ Ltd) Visa  MasterCard

Credit Card Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Card Expiry \_\_\_\_\_ / \_\_\_\_\_ Total Cost

Cardholder's Name

Cardholder's Signature Date

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*In the event, I am unable to pick up my children, the below named have permission to take my children from the premises:*

Contact 1: \_\_\_\_\_

Contact 2: \_\_\_\_\_

**Please Tick Boxes below to Confirm to the Terms and Conditions of Enrolment:**

- I understand that I must register at reception and that participants must wear appropriate clothing as per Conditions of Entry Policy.
- I acknowledge that Macquarie University Sport and Aquatic Centre reserve the right to cancel or reschedule Program Courses. Where a course needs to be cancelled or rescheduled, Campus Life will notify all participants as soon as possible. The participant will receive financial reimbursement or the course will be rescheduled.
- I acknowledge that Program Courses must be paid for in full at time of booking. There are no discounts or make-up lessons for missed lessons.
- I acknowledge that Course Cancellations requests must be made in writing to the Swim School/Gymnastics/School Sport Coordinator more than 14 days before course commencement. If approved there is a cancellation fee of \$10.
- I acknowledge that timetables and facilities may be altered by management to suit seasonal and usage requirements.
- I have completed the Pre Exercise Questionnaire, and understand that if directed I am required to seek medical clearance before commencing any activity at Macquarie University Sport & Aquatic Centre.

**DISCLAIMER**

Please read and sign the following:

I, and if being a minor, my parent/s, guardian/s, for on behalf of myself, acknowledge that during all such times as I am on the premises of or included in any activity external to the premises which is organised, approved or endorsed by Macquarie University Sport and Aquatic Centre as an activity for me to take part in, both my property and person shall be at my own risk and I will not hold Macquarie University Sport and Aquatic Centre liable for any personal injury or loss of property which may arise from the negligence of Macquarie University Sport and Aquatic Centre, its servants, agents, independent contractors, voluntary workers, other users of the facility or participants in the activities or spectators or other parties providing services through or in the facilities of Macquarie University Sport and Aquatic Centre.

I warrant that (where effectively enrolled in a swimming program) I/my child is physically fit and able to engage in swimming lessons at the centre

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Parent or Guardian to sign if patron is under the age of eighteen (18) years*

*Office Use Only*

<b>Responsible Person ID #</b>		<b>Child ID #</b>	
<b>Administrator:</b>		<b>Date Booked:</b>	



**PRE EXERCISE QUESTIONNAIRE - SPORT**

Name/Childs Name: \_\_\_\_\_ Current MQ Student? YES  NO   
 Address: \_\_\_\_\_ Suburb: \_\_\_\_\_  
 Email: \_\_\_\_\_ Mobile: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

**SECTION A:**

**Please tick 'YES' or 'NO' to the following questions (Over 16's only):**

Are you male over 40 years or female over 45 years who has been inactive for a period of 6 months or more? YES  NO   
 Have you given birth within the last 6 weeks? YES  NO   
 Are you currently pregnant? YES  NO

**Please tick 'YES' or 'NO' to the following questions (All users):**

Do you / your child have any infections or infectious diseases? YES  NO   
 Are you / your child on any prescribed medication? YES  NO   
 Are you / your child receiving any treatment from a doctor, physiotherapist or any other health professional? YES  NO   
 Have you / your child been hospitalised recently? YES  NO   
 Do you / your child suffer from anaphylaxis? YES  NO

**If 'YES' please provide further information**

\_\_\_\_\_

**SECTION B:**

**Do you / your child have, or have you / your child had: (Please tick ✓)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Palpitations / Chest Pain         | <input type="checkbox"/> Blood Disorder           | <input type="checkbox"/> Gout                        |
| <input type="checkbox"/> Heart Condition                   | <input type="checkbox"/> Diabetes                 | <input type="checkbox"/> Dizziness and Fainting      |
| <input type="checkbox"/> Stroke                            | <input type="checkbox"/> Liver/ Kidney Conditions | <input type="checkbox"/> Epilepsy                    |
| <input type="checkbox"/> Low or High Blood Pressure        | <input type="checkbox"/> Stomach/ Duodenal Ulcer  | <input type="checkbox"/> Hernia                      |
| <input type="checkbox"/> Raised Cholesterol/ Triglycerides | <input type="checkbox"/> Cancer                   | <input type="checkbox"/> Asthma/ Breathing Condition |

If you have indicated 'YES' to any of the questions in section A or B, a **medical clearance** may be required prior to commencing any exercise program in the interest of personal safety.

**SECTION C:**

**Do you / your child have, or have you / your child had: (Please tick ✓)**

- |  |   |
|--|---|
| <input type="checkbox"/> Tendon/ Ligament Damage | <input type="checkbox"/> Joint pain     |
| <input type="checkbox"/> Surgery due to Injury   | <input type="checkbox"/> Muscular pain  |
| <input type="checkbox"/> Broken/ Fractured Bones | <input type="checkbox"/> Dislocation    |
| <input type="checkbox"/> Back/ Neck pain         | <input type="checkbox"/> Arthritic Pain |

**If 'YES', provide further information:**

\_\_\_\_\_

\_\_\_\_\_

**STATEMENT**

*I recognise that Macquarie University Sport and Aquatic Centre staff are not able to provide medical advice in regard to my fitness and that this information is used only as a guideline to determine the limitations of my ability to exercise. I understand that this information will only be used by trained professionals to assess my ability to use this facility and to assist in the designing of a health and fitness program that meets my specific needs. Information regarding the privacy of these details can be found at [www.campuslife.mq.edu.au/privacy-policy](http://www.campuslife.mq.edu.au/privacy-policy). I hereby consent to voluntarily engage in a fitness appraisal to further determine my current state of fitness and ability to undertake a regular program of exercise at Macquarie University Sport and Aquatic Centre. I have answered the questions to the best of my ability and understand the advice above.*

*Sport Club Member details will be provided to club executives to determine eligibility for safe participation.*

**Member/Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_