

SPORTS CENTRE STAFF MEMBERSHIP AGREEMENT

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Applicant's full name & Phone number:			
Applicant's payroll number:		<input type="checkbox"/> I do not have a payroll number	
Staff card number:		BO <input type="checkbox"/> I do not have a staff card	
Select current appointment type:		<input type="checkbox"/> Full / part-time continuing <input type="checkbox"/> Honorary Academic Staff <input type="checkbox"/> Full /time fixed term <input type="checkbox"/> Contractor/Consultant <input type="checkbox"/> Casual <input type="checkbox"/> Sport Coach <input type="checkbox"/> Casual semester appointment <input type="checkbox"/> Other:	
Emergency contact name/s:			
Emergency Phone Number/s:		Mobile:	Relationship:
		Other:	
Do you give permission to disclose personal details to the above contact?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Select proposed membership type and period:			
<input type="checkbox"/> Sem 1 \$150 per semester upfront <input type="checkbox"/> Sem 2 \$150 per semester upfront <input type="checkbox"/> Sem 3 \$150 per semester upfront			
<i>Semester staff membership commences on the Monday of Orientation Week and expires on the Sunday prior to the commencement of the following Orientation Week or when staff member employment ceases (whichever occurs sooner).</i>			
<input type="checkbox"/> 12 Months \$450 per annum upfront			
<i>12 Month staff membership commences on _____ upon settlement of a membership fee and expires in 12 months' time or when staff member employment ceases (whichever occurs sooner).</i>			
<input type="checkbox"/> Ongoing payroll deduction \$17.30 per fortnight* <u>*available to full time or part-time continuing or fixed term staff</u>			
<i>Staff membership commences in line with the next payroll run date and <u>the ongoing/continuing payroll deducted membership expires when the fees deduction has stopped or when staff member employment ceases (whichever occurs sooner).</u></i>			
<i>I authorise Bond University to deduct the amount of \$17.30 as a fortnightly, as ongoing Salary Sacrifice deduction. I understand that independent financial advice should be sought before entering a salary sacrifice arrangement.</i>			
<input type="checkbox"/> Casual access	<input type="checkbox"/> Day pass \$10	<input type="checkbox"/> One Week \$20	Start date:
Signature:		Date:	

Payroll Use: Payroll code _____

Commence date: _____

Sports Centre Use: Links ID # _____

Contract # _____

PRE-ACTIVITY QUESTIONNAIRE					
<p>In preparation for physical activity, please tell us about ALL your existing medical and physical conditions, and who to contact in an emergency. It is your responsibility to complete this form before participating in any physical activity. For any conditions that can be affected by exercise, you may be asked to consult your doctor and obtain a written medical clearance to exercise. Please give this clearance to your Bond University Sports Centre reception staff. The information contained will be treated as confidential and only revealed to relevant staff for your safety. Please note that it is your responsibility to inform us of any changes in your medical or physical condition.</p>					
1. Please answer the following questions:				YES	NO
Has your doctor ever told you that you have a heart condition, or have you ever suffered a stroke?				<input type="checkbox"/>	<input type="checkbox"/>
Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?				<input type="checkbox"/>	<input type="checkbox"/>
Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?				<input type="checkbox"/>	<input type="checkbox"/>
Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?				<input type="checkbox"/>	<input type="checkbox"/>
If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months?				<input type="checkbox"/>	<input type="checkbox"/>
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?				<input type="checkbox"/>	<input type="checkbox"/>
Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise? E.g. sudden weight loss.				<input type="checkbox"/>	<input type="checkbox"/>
IF YOU ANSWERED 'YES' to any of the 7 above questions, please seek guidance from your GP or appropriate allied health professional prior to undertaking physical activity/exercise					
2. Have you ever suffered from the following?		YES	NO		
Asthma		<input type="checkbox"/>	<input type="checkbox"/>	Heart problems/disease	
Arthritis		<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	
Chest pains		<input type="checkbox"/>	<input type="checkbox"/>	High cholesterol	
Dizziness/fainting		<input type="checkbox"/>	<input type="checkbox"/>	Low blood pressure	
Epilepsy		<input type="checkbox"/>	<input type="checkbox"/>	Kidney condition	
3. Do you have, or have you had, any serious joint / muscular or other pains / injuries in any of the following regions?					
<input type="checkbox"/> Ankles/feet <input type="checkbox"/> Knees <input type="checkbox"/> Shoulders <input type="checkbox"/> Lower Back (Discs) <input type="checkbox"/> Lower Back (Muscular) <input type="checkbox"/> Hips/pelvis <input type="checkbox"/> Elbows <input type="checkbox"/> Neck <input type="checkbox"/> Wrists <input type="checkbox"/> Other - please describe: _____					
4. Are you currently taking any medication/s?				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
If YES, please describe:					
5. Are you, or have you recently been pregnant?				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
If YES, please provide further information:					
6. Are you currently exercising?				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
If YES, how many times a week? _____ <input type="checkbox"/> Easy/light <input type="checkbox"/> Moderate <input type="checkbox"/> High intensity					
7. Have you exercised in the past?				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
If YES, please describe:					
MEMBERS' AGREEMENT					
<ul style="list-style-type: none"> - I understand that it is my responsibility to advise Bond University Sports Centre staff of any medical/physical conditions that may prevent me from exercising, and that I participate in exercise at my own risk. - I confirm that the information provided in Pre-Activity Questionnaire is true and correct. - I understand that the instructor is not able to provide me with a medical advice. - I acknowledge that my membership is non-transferable. - I have read and agree to abide by all the conditions of Bond University Sports Centre Policy and Memberships Schedule; - This membership agreement has a cooling off period of 7 days. - I understand that this membership agreement will cease when employment at Bond University will cease. - Any refunds for the remaining memberships term will be calculated and processed upon a request (will not be automatically processed). - I understand that a minimum two (2) weeks' notice is required to cancel the Membership. - For Ongoing payroll deduction Membership type: I authorise Bond University to deduct the amount of \$17.30 as a fortnightly, ongoing Salary Sacrifice deduction. This option represents an ongoing, salary packaged membership in nature – no pause/restart functionality is available. I understand that independent financial advice should be sought before entering a salary sacrifice arrangement. 					
Signature:			Date:		

Please sign and e-mail the form to Bond University Sports Centre e-mail: sportscentre@bond.edu.au or submit in person.

Upfront memberships can be purchased at the Sports Centre reception.