

Sporting FC Membership Application

1. Personal Information

Name: _____ **DOB:** _____
Address: _____
Suburb: _____ **Post Code:** _____
Email: _____
Mobile #: _____ **Alternative phone #:** _____
Gender **M** **F**

2. Emergency Contact

Name: _____ **Contact No.** _____

3. Goals. *Please indicate what you hope to achieve from your exercise program:*

- | | |
|--|---|
| <input type="checkbox"/> Reduce body fat | <input type="checkbox"/> Gain overall fitness |
| <input type="checkbox"/> Improve aerobic capacity (heart/lung fitness) | <input type="checkbox"/> Sports conditioning |
| <input type="checkbox"/> Improve muscle tone | <input type="checkbox"/> Reduce stress |
| <input type="checkbox"/> Strength training | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Learn football skills | <input type="checkbox"/> Make friends |
| <input type="checkbox"/> Have Fun | <input type="checkbox"/> Other _____ |

4. Exercise History

Have you been exercising recently? Yes No

If you have been exercising regularly, please give details below:

Type of Exercise	Frequency	How long doing?

5. Referral Source *Please indicate how you found out about SportingFit Australia:*

- Friend Website Advertising Sports Club Other

Details: _____ **Promotion Code:** _____

Please read and sign all of the following three pages.

Medical Screening

(Sports Medicine Australia pre-exercise screening system 2005)

Please note: If you answer 'Yes' to any question in Stage 1, or to two or more questions in stage two, you may be asked to obtain medical clearance before commencing a program.

Stage 1

Please circle

- | | | | |
|----|---|----|-----|
| 1 | Have you ever had a heart attack, coronary revascularisation surgery or a stroke? | No | Yes |
| 2 | Has your doctor ever told you that you have heart trouble or vascular disease? | No | Yes |
| 3 | Has your doctor ever told you that you have a heart murmur? | No | Yes |
| 4 | Do you ever suffer from pains in your chest, especially with exercise? | No | Yes |
| 5 | Do you ever get pains in your calves, buttocks or at the back of your legs during exercise which are not due to soreness or stiffness? | No | Yes |
| 6 | Do you ever feel faint or have spells of severe dizziness, particularly with exercise? | No | Yes |
| 7 | Do you experience swelling or accumulation of fluid about the ankles? | No | Yes |
| 8 | Do you ever get the feeling that your heart is suddenly beating faster, racing or skipping beats, either at rest or during exercise? | No | Yes |
| 9 | Do you have chronic obstructive pulmonary disease, interstitial lung disease, or cystic fibrosis? | No | Yes |
| 10 | Have you ever had an attack of shortness of breath that developed when you were not doing anything strenuous, at any time in the last 12 months? | No | Yes |
| 11 | Have you ever had an attack of shortness of breath that developed after you stopped exercising, in the last 12 months? | No | Yes |
| 12 | Have you ever been woken at night by an attack of shortness of breath, at any time in the last 12 months? | No | Yes |
| 13 | Do you have diabetes [IDDM or NIDDM]? If so, do you have trouble controlling your diabetes? | No | Yes |
| 14 | Do you have any ulcerated wounds or cuts on your feet that do not seem to heal? | No | Yes |
| 15 | Do you have any liver, kidney or thyroid disorders? | No | Yes |
| 16 | Do you experience unusual fatigue or shortness of breath with usual activities? | No | Yes |
| 17 | Is there any other physical reason or medical condition, or are you taking any medication(s) which could prevent you from undertaking an exercise program, or that you are concerned about? | No | Yes |

NOTE: Some of the conditions in Q17 might include a history of blood clotting, osteoporosis, bone fractures or serious musculoskeletal disorders, or recently losing a large amount of body mass without trying to. Other types of conditions might include later-stage pregnancy or those with a history of health problems during pregnancy. Those people taking medication(s) for medical conditions listed may also need medical clearance.

Stage 2

- | | | | |
|---|---|----|-----|
| 1 | Are you a current smoker or have quit within the last 6 months? | No | Yes |
| 2 | Has a member of your immediate family (Father/Brother at less than 55 years old and/or Mother/sister less than 65 years old) been diagnosed with heart disease? | No | Yes |
| 3 | Have you been told that you have impaired fasting glucose (plasma glucose < 6.1mmol/L, noted on two separate occasions)? | No | Yes |
| 4 | Do you have high blood pressure (SBP>140, DBP>90)? | No | Yes |
| 5 | Have you been told that you have high total blood cholesterol or high very low density lipoprotein (VLDL) cholesterol or that your high density (HDL) cholesterol is low? | No | Yes |
| 6 | Do you lead a sedentary life style? | No | Yes |
| 7 | Is your body mass index >30 or waist girth >100cm? | No | Yes |
| 8 | Females: Are you pregnant or have you given birth in the last 6 weeks? | No | Yes |

I declare that to the best of my knowledge that the answers I have given on this form are true and accurate.

Name:

Signature:

Date:



Waiver and Release of Liability

You should not sign this document unless you have read it and understood its terms and conditions. By signing this agreement you assume all risks and agree to waive your legal rights, including the right to sue.

In consideration of SportingFit Australia accepting my application to participate in its programs, I acknowledge, understand and agree that:

1. **"SportingFit Australia" (ABN: 59 105 429 420)** for the purposes of this declaration means its proprietor and staff.
2. **Warning:** Participating in a SportingFit Australia program ("the Program") can be inherently dangerous. I acknowledge that I am exposed to certain risks during the Program including, but not limited to: physical hazards, weather conditions and actions of other participants. I acknowledge that accidents can and often do happen which may result in me being injured or even killed, or my property being damaged. I have voluntarily read and understood this warning and accept and assume the inherent risks in participating in the Program.
3. **Physical Fitness:** I must not participate in the Program if I have any injury, disability, medical or health condition that may increase the risk of me becoming injured unless I have told SportingFit Australia about it and they have authorised me to participate. I declare that I am medically and physically fit and able to participate in the Program and I will immediately notify SportingFit Australia of any change to my fitness and ability to participate. SportingFit Australia reserves the right to require medical clearance before participation in any Program.
4. **Instructions:** I will at all times comply with the instructions and safety procedures of SportingFit Australia.
5. **Medical Treatment:** If required, SportingFit Australia will arrange medical or hospital treatment (including ambulance transportation) for me. I authorise such actions being taken by SportingFit Australia and agree to meet all costs associated with such action.
6. **Exclusion of Implied Terms:** I acknowledge that where I am a consumer of recreational services, as defined by any relevant law, certain terms and rights usually implied into a contract for the supply of goods or services may be excluded. I acknowledge that these implied terms and rights and any liability of SportingFit Australia flowing from them, are expressly excluded to the extent possible by law, by this declaration. To the extent of any liability arising, the liability of SportingFit Australia will (at the discretion of the Proprietor) be limited to the re-supply of the services or payment of the cost of having the services supplied again.
7. **Release & Indemnity:** My participation in the Program is entirely at my own risk and I agree to the extent permitted by law to:
 - (a) release and forever discharge the SportingFit Australia from all liability and claims that I may have or may have had but for this release arising from or in connection with my participation in the Program;
 - (b) indemnify and hold harmless SportingFit Australia to the extent permitted by law in respect of any Claim by any person including but not only another participant in the Program arising as a result of or in connection with my participation in the Program.In this clause 7 "**Claims**" means and includes any action, suit, proceeding, claim, demand, damage, cost or expense however arising including but not limited to negligence.
8. **Identity:** Photographic and or visual images taken by SportingFit Australia of my participation in the program may be used for general promotion of SportingFit Australia activities.
9. **Privacy:** I understand that the information provided by me in my application is necessary for the operation of the Program. I acknowledge and agree that the information will only be used for the purposes of SportingFit Australia and to provide me with information pertaining to the program. No personal information collected from me will be passed on to any other organisation without my consent. I understand that I will be able to access my information upon request and that if the information is not provided I might not be permitted to participate in the Program.
10. **Severance:** If any provision of this declaration is invalid or unenforceable in any jurisdiction, the phrase or clause is to be read down for the purpose of that jurisdiction, if possible, so as to be valid and enforceable. If the phrase or clause cannot be so read down it will be severed to the extent of the invalidity or unenforceability. Such severance does not affect the remaining provisions of this declaration or affect the validity or enforceability of it in any other jurisdiction.

I have read, understood, acknowledge and agree to the above declaration including the warning, release and indemnity.

Name:

Signature:

Date:

SportingFit

Terms and Conditions

1. **Membership:** All participants in SportingFit Australia Programs must be a member of Sporting FC. It is a membership condition that all applicants must:
 - a. complete and sign the Medical Screening Form and obtain medical clearance if required.
 - b. read carefully and sign the SportingFit Australia Waiver and Release Form, this Terms and Conditions and Risk Awareness Form
 - c. inform SportingFit Australia of any changes to their health that may affect their participation in SportingFit Australia sessions.
 Membership of Sporting FC is free and must be renewed every 12 months.
2. **Fees and Payment:** The program fee must be paid in full to SportingFit Australia prior to the commencement of the program.
3. **Cancellation:** To cancel a program you must give SportingFit Australia written notice. Cancellations received before the commencement of the program may be eligible for a full refund of the program fee if the class size for that program does not fall below the minimum required.
No refunds will be issued after a program has commenced.
 If you are unable to attend a particular session of your program, SportingFit Australia will try to find an alternative session for you. If a suitable alternative is not available no refund will be offered.
 SportingFit Australia reserves the right to cancel a program/session/activity at any time. Every effort will be made to try to find an alternative program/session/activity. If an alternative cannot be provided a full refund for value of what has been cancelled will be provided, unless the cancellation was caused by the weather conditions.
4. **Weather:** SportingFit Australia programs take place in most weather conditions. It is the responsibility of the participant to ensure appropriate clothing, footwear and protection is worn for the weather conditions. If the coach thinks that the weather conditions could cause a danger to the participants, the activity will be stopped. The coach will try to provide an alternative activity. If an alternative activity cannot be found no refunds will be issued.
5. **Location:** SportingFit Australia reserves the right to change the location of the program/session/activity with minimum notice. Some sessions/activities may take place "on the move". Participants must be prepared to carry any personal belongings and SportingFit Australia equipment that may be required while "on the move".
6. **Start times:** All sessions start promptly at the allotted start time. If you are not ready to join the session at this time you may not be able to join in the session at all.
7. **Respect:** It is a condition of membership that you respect all SportingFit Australia staff, SportingFit Australia members and members of the public that you encounter while taking part in our sessions. Please keep noise to a minimum in residential areas.
8. **Changes:** SportingFit Australia reserves the right to change any of the above terms and conditions at anytime without notice.

Risk Awareness

Participation in SportingFit Australia's programs is at your own risk. You are required to fully understand the risk elements detailed below before taking part in the SportingFit Australia programs. Please note: Risk factors not specified below may also exist.

Safety Precautions

As with all fitness activities, there is some risk of injury. To minimise the risk, participants must adhere to the following Health and Safety requirements.

- You must complete a health screen and if required get medical clearance, before commencing any SportingFit sessions.
- You must advise the coach of any injury or health issue you may have which may affect your ability to participate before commencement of the session.
- Do not participate in a SportingFit Australia session if you are feeling unwell or against doctor's advice.
- SportingFit Australia's programs accommodate a range of fitness levels. You are advised to exercise at an intensity to suit your own fitness level. Your coach will advise you on methods to measure your exercise intensity.
- If you feel that any activity is too hard for you, stop the activity immediately. Your coach will be able to provide you with an alternative activity if required.
- If you are not comfortable in participating in any activity for whatever reason please advise your coach and an alternative activity will be sought for you.
- Participants who usually wear eye glasses are required to wear contact lenses or specialist sports eye glasses when partaking in activities involving balls. Sun glasses must not be worn during these activities.
- If you have an asthma condition you must carry your own medication (i.e. puffer).
- SportingFit Australia programs take place in most weather conditions. It is the responsibility of the participant to ensure appropriate clothing, footwear and protection is worn for the weather conditions.
- All SportingFit Australia sessions start with a warm up activity. All participants are required to take part in a warm up. If you turn up late to a session you will be required to warm up on your own before joining in a session.
- You are required to bring adequate supplies of water to all SportingFit Australia sessions and to ensure you remain hydrated during the session. You are advised to continue to consume plenty of water after a session.

Risk of Injury

Participants are advised to fully consider injuries that can occur when undertaking exercise or general fitness activities including:

- Injuries from movement such as sprains and strains
- Injuries from contact with a football or other equipment
- Injuries from contact with the ground
- Injuries resulting from uneven surface (see below)
- Injuries from contact with other participants

Types of contact injuries include; cuts, grazes, bruising, fractures and concussion. Other injuries not specified here may also occur. Participants are also advised of the risk of injury that is present from surface variations and defects. SportingFit Australia sessions take place in a number of settings including; playing fields, public parks, beaches and other public spaces. Even apparently flat surfaces can have divots and natural undulations. Surface variations may not be immediately apparent from visual inspection. SportingFit Australia coaches will endeavour to point out any surface hazards but it is the participants' responsibility to ensure that they take care on uneven surfaces.

Name:			
Signature:		Date:	