

Customer Information Form

PROGRAM REGISTRATION



DON TATNELL LEISURE CENTRE
 WAVES LEISURE CENTRE

NEW CUSTOMER
 RENEWAL

UPDATING INFORMATION

PARTICIPANT DETAILS

FIRST NAME _____ LAST NAME _____
DATE OF BIRTH _____ SEX MALE FEMALE
ADDRESS _____
SUBURB _____ POSTCODE _____
PHONE _____ MOBILE _____
EMAIL _____
EMERGENCY CONTACT NAME _____
RELATIONSHIP _____ EMERGENCY CONTACT NUMBER _____

PROGRAM DETAILS

K-FIT YOUTH PROGRAM 8-11 YRS - TERM PROGRAM
 TNT YOUTH PROGRAM 12-14 YRS - TERM PROGRAM
 SFC PROGRAM OLDER ADULTS - 6 WEEK PROGRAM
 OTHER PROGRAM (PLEASE SPECIFY) _____

SPECIAL OFFER DETAILS _____

HOW DID YOU HEAR ABOUT US? _____

PAYMENTS

FOR THE AGREED SERVICES, THE COSTS ARE _____

TOTAL FEE \$ PAYABLE UPON BOOKING

TERMS AND CONDITIONS

PARENT/GUARDIAN NAME AND SIGNATURE
REQUIRED FOR ALL YOUTH PROGRAMS

I (PRINT NAME)

have read, understood and accept the terms and conditions of this selected product, as printed on the reverse of this form.

SIGNATURE

OFFICE USE ONLY

CLIENT BARCODE _____ START DATE _____ DISCOUNT _____ %
PROGRAM TERM _____ REG DATE _____ REASON _____
STAFF NAME _____

Customer Information Form – Program Registration

TERMS AND CONDITIONS

DECLARATION

I hereby agree to abide by all the rules and regulations of the City of Kingston Leisure Centres. I warrant that I am physically and mentally well enough to proceed. I acknowledge that I will not hold City of Kingston Leisure Centres or its affiliates, licensees, agents or employees liable for any loss or injury whatsoever I sustain while I am on the premises subject to my statutory rights. The management of the City of Kingston Leisure Centres reserves the right to rescind the rights of patrons not complying with the terms and conditions of membership.

YOUTH PROGRAMS

K-Fit and TNT youth programs are term based and coincide with school term dates. Payment is required in full on or prior to the first session. Parent/Guardian consent is required for participation in these programs.

A physical activity screening questionnaire will also be required to be filled out by the parent/guardian prior to commencement.

Age restrictions apply as per program advertising. Children under 10yrs of age need to be supervised outside program times as per centre supervision requirements.

OLDER ADULT PROGRAMS

Seniors Fit Club is scheduled as a block program for 6 week periods at a time. Payment is required in full on or prior to the first session. All programming is specifically designed and subsidized for the older adult, therefore restricted to 55yrs plus.

MISSED SESSIONS

If due to illness and a medical certificate is provided in the name of the participant, the participant is eligible to receive up to four (4) sessions in the form of a credit.

Credits must be used within 12 months.

Alternatively, if absent for any other reason, eg. Sickness without a certificate or holidays,

you are eligible to receive up to two (2) family swim passes as compensation.

REFUNDS

A change in personal circumstances of the participant shall not entitle the participant to a refund/credit. An application must be lodged in writing accompanied with relevant documentation for evaluation.

EXCLUSION OF LIABILITY FOR DEATH OR PERSONAL INJURY

To the maximum extent permitted by law, Kingston City Council excludes liability for any death or personal injury for a breach of condition implied by section 32J or section 32JA of the Fair Trading Act 1999 in relation to the supply of recreational services under this document, which includes where the services are not supplied with due care and skill not reasonably fit for their purpose.

ANNUAL PRICE REVIEW

The City of Kingston Leisure Centres review operations and pricing annually. Members and guest will be notified of planned price changes one month prior to any alterations.

CHANGE OF DETAILS

It is the customer's responsibility to inform the City of Kingston Leisure Centres of any changes to their account information, including address, email, phone number and concession status.

BEHAVIOUR

Under the Kingston City Council Local Law No 3, it is a condition of entry to any municipal building, including Waves and Don Tatnell Leisure Centres, that a person must not interfere with another person's use and enjoyment of a municipal building or any part thereof no shall any person use indecent, insulting, offensive or abusive language or behave in an indecent, offensive, insulting or riotous way or engage in any rough or boisterous play or conduct whilst in a municipal building or its surrounds.

VISUAL RECORDINGS

It is a condition of entry to the City of Kingston Leisure Centres that a person will not operate any visual recording equipment in the facility except in accordance with a Visual Recording Agreement made with the Kingston City Council. Any person breaching this condition must immediately leave if directed to do so by a member of the staff. Please enquire at the reception desk if you wish to operate visual recording equipment.

CENTRE OPERATIONS

Management reserves the right to alter either centre's operating hours and programs as required. Operating hours can be viewed at <http://www.kingston.vic.gov.au>

PRIVACY STATEMENT

Personal information collected by Council is used for municipal purposes as specified in the Local Government Act 1989. This personal information will be held securely and use solely by Council for these purposes and/or directly related purposes. Council may disclose this information to other organisations if required or permitted by legislation. The applicant understands that the personal information provided is for the above purpose and that he or she may apply to council for access to and/or amendment of the information. Requests for access and/ or correction should be made to Council's Privacy Officer. A full copy of our Privacy Policy may be obtained from the Kingston Website: <http://www.kingston.vic.gov.au> or from one of our Customer Service Centres.

Entry to the City of Kingston's Leisure Centres is subject to our Terms and Conditions. To view a complete list of these, and our current Customer Service Charter, please visit www.kingston.vic.gov.au and follow the links to Waves and Don Tatnell Leisure Centre.

Youth Programs

PHYSICAL ACTIVITY

PRE-EXERCISE FORM



EXERCISE AND PHYSICAL ACTIVITY READINESS ASSESSMENT OF CHILDREN AND YOUNG ADOLESCENTS

IMPORTANT INFORMATION FOR PARENTS/GUARDIANS

The purpose of this form is to ensure we provide every child and/or adolescent with the highest level of care.

For most children, physical activity provides an opportunity for children and adolescents to have fun and promotes the basis for good health and an enhanced quality of life for the future.

However, there are a small number of children or adolescents who may be at risk when participating in an exercise/physical activity program. We ask therefore that you read and complete this questionnaire carefully and return it to the appropriate staff member in charge. The information contained in this form is confidential and is subject to the laws and regulations contained in the privacy laws enacted in December 2001.

PERSONAL DETAILS (OF PARTICIPANT)

NAME _____

MALE FEMALE DATE OF BIRTH _____

NAME/S OF PARENT/S OR GUARDIAN/S _____

HOME ADDRESS _____

HOME CONTACT PH _____ WORK PH _____ MOBILE _____

HAS A GP OR SPECIALIST REFERRED YOUR CHILD? YES NO

DOCTOR'S NAME _____ CONTACT PH _____

EMERGENCY CONTACT DETAILS _____

NAME _____ CONTACT PH _____

Please note: In case of a medical emergency, an ambulance may be used to transport your child to the nearest medical treatment service.

HEART-LUNG-OTHER SYSTEMS

1. DOES YOUR CHILD HAVE, OR HAS YOUR CHILD HAD:

- A HEART CONDITION (PLEASE SPECIFY)

- CYSTIC FIBROSIS

- DIABETES (TYPE I OR TYPE II – PLEASE SPECIFY)

- HIGH BLOOD PRESSURE (SPECIFY WHEN LAST TAKEN)

- HIGH CHOLESTEROL

- UNEXPLAINED COUGHING DURING OR AFTER EXERCISE

- BREATHING PROBLEMS OR SHORTNESS OF BREATH
(FOR EXAMPLE, ASTHMA, EMPHYSEMA)

2. DOES YOUR CHILD EXPERIENCE OR HAS YOUR CHILD EVER EXPERIENCED:

- EPILEPSY OR SEIZURES/CONVULSIONS
If yes, is it at rest or during exercise?

- FAINTING

- DIZZY SPELLS

- HEAT STROKE/HEAT-RELATED ILLNESS

- INCREASED BLEEDING TENDENCY/HAEMOPHILIA

- OTHER (PLEASE SPECIFY)

3. DOES YOUR CHILD HAVE, OR HAS YOUR CHILD HAD, AN EATING DISORDER? YES NO

4. DOES YOUR CHILD TAKE ANY MEDICATIONS FOR (PLEASE NAME):

- HEART PROBLEM

- DIABETES

- ASTHMA, BREATHING PROBLEMS

- BLOOD PRESSURE

- EPILEPSY

- ADHD (ATTENTION DEFICIT HYPERACTIVITY DISORDER)

- ALLERGIES

- OTHER (PLEASE SPECIFY)

Youth Programs – Physical Activity Pre-exercise Form

MUSCLE-BONE SYSTEM

1. IN THE LAST SIX MONTHS, HAS YOUR CHILD HAD ANY MUSCULAR PAIN WHILE EXERCISING? YES NO
If yes, please explain and indicate where the pain has occurred
(eg. 'pain in the back of the right heel' or 'pain on the inside of the right elbow'):
- 1.1 HAS A DOCTOR TREATED THIS PAIN? YES NO
2. IN THE LAST SIX MONTHS, HAS YOUR CHILD EXPERIENCED JOINT PAIN, OR PAIN IN THE BONES? YES NO
If yes, please explain and indicate where the pain has occurred
(eg. 'front of right leg' or 'behind my knee bone'):
- 2.1 HAS THIS JOINT PAIN, OR PAIN IN THE BONE BEEN TREATED BY A DOCTOR? YES NO
- 2.2 HAS YOUR CHILD BROKEN ANY BONES OR SUFFERED INJURY TO THEIR BONES IN THE LAST 12 MONTHS? YES NO
If yes, please explain where and how the break/injury occurred:

BRAIN-MUSCLE SYSTEM

1. DOES YOUR CHILD HAVE, OR HAS YOUR CHILD HAD DIFFICULTY/PROBLEMS WITH ANY OF THE FOLLOWING?
 VISION MOTOR SENSORY SKILLS HEARING
 POOR BALANCE/INSTABILITY SPEECH/LANGUAGE SLEEP APNOEA
2. HAS YOUR CHILD EVER EXPERIENCED A BRAIN OR SPINAL INJURY? YES NO
3. DOES YOUR CHILD EXPERIENCE DIFFICULTY IN THE SKILL OF:
 CLIMBING UP STAIRS WALKING DOWN STAIRS

SPECIAL CONDITIONS

1. DOES YOUR CHILD USE A 'PUFFER' OR 'VENTILATOR' FOR ASTHMA? YES NO
2. DOES YOUR CHILD SELF-ADMINISTER INSULIN FOR DIABETES? YES NO
3. DOES YOUR CHILD HAVE ANY CHRONIC DISABILITY OR CHRONIC ILLNESS? YES NO
If yes, please indicate the condition:
 CEREBRAL PALSY HYPERMOBILITY ADHD
 OBESITY DOWNS SYNDROME INTELLECTUAL IMPAIRMENT
 OTHER (PLEASE SPECIFY):
4. IS YOUR CHILD ALLERGIC TO FOOD, MEDICATIONS, POLLENS OR OTHER ALLERGENS OR SPECIFIC ENVIRONMENTS? If yes, please explain what causes have been identified with this/these allergy/ies: YES NO
5. DOES YOUR CHILD FOLLOW A SPECIAL DIET? YES NO
If yes, please specify:
6. HAS YOUR CHILD EVER BEEN DIAGNOSED WITH A NUTRITIONAL DEFICIENCY (SUCH AS NON-IRON DEFICIENCY)? YES NO
If yes, please specify the nutritional deficiency:

GENERAL HEALTH

1. HAS YOUR CHILD HAD SURGERY IN THE PREVIOUS 12 MONTHS? YES NO
If yes, please specify:
2. ARE YOU AWARE OF ANY MEDICAL REASON/CONDITION WHICH MIGHT PREVENT YOUR CHILD FROM PARTICIPATING IN AN EXERCISE PROGRAM? YES NO
If yes, please explain:
3. WHAT ARE YOUR CHILD'S FAVOURITE HOBBIES AND INTERESTS?

INFORMED CONSENT

I hereby acknowledge that:

- The information provided above regarding my child's health is, to the best of my knowledge, correct.
 I will inform you immediately if there are any changes to the information provided above.
 I give permission for my child to commence your physical activity program.

PARENT/GUARDIAN SIGNATURE:

DATE:

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