

COMMUNITY GYM MEMBERSHIP



132 Railway Road
PO Box 117
THREE SPRINGS WA 6519

(08) 9954 1001

general@threesprings.wa.gov.au
www.threesprings.wa.gov.au

Office Hours
8.00am - 4.00pm
Monday - Friday

Section A: APPLICANTS DETAILS

** Photo ID is to be provided, and a copy taken by staff (Drivers Licence, Proof of Age Card)*

Surname:			
First Name:			
Date of Birth:		*Photo ID Number:	
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Street Address:			
Postal Address:			
Email:			
Phone:	(H)	(Mob)	
Emergency Contact Person:			
Contact Person Phone:			

PLEASE NOTE THAT THIS COMPLETED FORM IS TO BE HANDED INTO THE SHIRE ADMIN CENTRE

Section B: DISCLAIMER

The Shire of Three Springs Community Gym operates on a 24 hours, seven (7) days basis and is accessible by members. The Shire of Three Springs has made every effort to ensure that its Gym Participation Policy has been prepared and implemented to promote the safe and correct use of gym equipment to encourage a safe environment for all gym users. You accept and understand that there are obvious and inherent risks in the activities undertaken at the Shire of Three Springs Community Gym and acknowledge that the activities you undertake whilst at the Gym may involve a risk of physical harm and that participating in these activities voluntarily, you do so at your own risk. The Shire of Three Springs, its servants and agents, accept no liability for any loss or damage to property or death or personal injury, however arising from your use of the Shire of Three Springs Community Gym. All gym users are advised to seek medical consultation and clearance before commencing an exercise program.

This agreement is subject to a 7-day cooling-off period.

I acknowledge that I have read and understood the Terms and Conditions contained in this form. I agree to abide by and to be bound by any special conditions contained within those terms.

Commences:	Date	Time
Concludes:		
Signature:		
Date:		

Section C: MEMBERSHIP OPTIONS

Your membership entitles you to 24 hour usage of the Shire of Three Springs Community Gym, for the period of membership as paid for from the commencement date stated on this form. **Concessional fees on applicable upon sighting a valid Concession Card by Shire Staff*

Details		Full Membership	Concessional* Membership	Please select
12 Month Annual Membership	Includes 16.67% discount for full membership	\$225.00	\$112.50	
6 Month Membership	Includes 12.5% discount for full membership	\$118.13	\$59.06	
3 Month Membership	Includes 10% discount for full membership	\$60.75	\$30.38	
1 Month Membership		\$22.50	\$11.25	
Access Fob Bond (Cash/Eftpos)	Refundable deposit	\$100.00	\$100.00	
Replacement Fob (Cash/Eftpos)	Non-refundable	\$100.00	\$100.00	

Shire of Three Springs Community Gym Code of Conduct, Terms and Conditions

The recipients of this agreement do now apply for membership entry to the Shire of Three Springs Community Gym, owned and operated by the Shire of Three Springs, located Slaughter St, Three Springs, Western Australia. In consideration of the Shire accepting the membership entry, I agree to be bound by the following terms and conditions:

CODE OF CONDUCT

- Members shall agree to the consequences of any breach of the Code of Conduct. Depending on the nature and severity of the breach, these may include ejection from the Three Springs Community Gym, suspension or legal proceedings.
- Gym access is available 24 hours a day, seven days a week unless otherwise advised by the Shire of Three Springs. The Shire reserves the right to vary, add or eliminate any facility or service at the Gym.
- Access to the Gym is only for adults aged 18 years and over - unless approved by the Shire of Three Springs CEO and, in that case, constant adult supervision is required.
- Security access fobs are for use by registered members only and are not to be provided to anyone else for use at any time. Disciplinary action may apply if this is not adhered to.
- The access fob remains the property of the Shire of Three Springs, and the fob shall be returned upon termination of membership or casual utilisation.
- In the event of a dispute, the Shire of Three Springs reserves the right to suspend membership until the dispute has been resolved or disciplinary action has been taken.
- Theft of any form is deemed unacceptable and will lead to instant cancellation of membership and may lead to criminal prosecution.
- Gym user belongings left unattended are at the Member's own risk. The Shire of Three Springs takes no responsibility for lost/stolen items.
- Any feedback/complaints should be submitted in writing addressed to the CEO or via email at general@threesprings.wa.gov.au
- Any form of personal or physical intimidation, inappropriate behaviour, harassment or deliberate conduct leading to adverse effects is not tolerated and will lead to immediate suspension of membership without refund and may result in legal proceedings.
- In case of any other issue, disagreement or other forms, the Shire of Three Springs will make a decision. That decision is final.

TERMS AND CONDITIONS

Conditions of Entry

- No smoking in the Gym.
- No member is to enter the Gym while under the influence of drugs or alcohol.
- A sweat towel is to be used at all times.
- Photography and filming within the Three Springs Community Gym on phones, cameras, or any other devices are strictly prohibited without prior permission from management.
- Members must be clean and dry when entering the Gym.
- Appropriate clothing, including shirt/singlet, is to be worn at all times.
- No jeans, work clothes, boots, sandals, thongs or clothing that is likely to offend others are permitted.
- Enclosed shoes are to be worn at all times.
- Clothing or accessories that could cause injury are not to be worn.
- Clothing that could damage upholstery on equipment is not permitted.

Use of Equipment

- Equipment is to be used safely and appropriately at all times.
- Equipment is only to be used as indicated via QR Code or shown on displayed instructions.
- Members are responsible for using equipment correctly. Improper use may lead to the cancellation of membership.
- All equipment is to be returned to its allocated position after use.
- Weights are not to be dropped, including when using equipment with weighted compartments.
- Any faulty equipment must be reported to the Shire's Administration Office.

COMMUNITY GYM MEMBERSHIP



- Any equipment that is unsuitable for continued use will have an 'Out of Service' tag attached and is not to be used.
- Equipment is to be cleaned after use using cleaning products provided.

Emergency

- Members must have a mobile phone with them in case of emergency.

Consent for the use of Personal Data and CCTV

- The Shire of Three Springs has set up CCTV and ancillary equipment to provide a safe environment for all users of the Three Springs Community Gym.
- CCTV is operational onsite with recording/playback capabilities. Attendance is recorded at the door with the access fob. Data may be shared with authorities when required without prior consent from the member(s) involved.
- The data collected via the access fob aims to support the Shire of Three Springs with objective data on attendance numbers. No personal data will be shared with third parties except where it is directly related to the management of the Gym or an emergency/health and safety situation.

Medical Health and Risks - Personal Responsibilities

- The Shire of Three Springs does not accept liability for any personal injury or loss of personal property for anyone using the Three Springs Community Gym.
- Members are responsible for ensuring they are appropriately informed of the correct usage of machinery and equipment.
- The use of the Three Springs Community Gym and associated equipment is done so at the member's own risk.

Health Directives

- In case of any orders or directives issued about COVID-19 or any other health concerns, members will be promptly notified of changes in circumstances, and signage will be displayed at the Gym.
- If the Three Springs Community Gym is required to close due to restrictions, member access will be suspended and recommence when restrictions are lifted. Membership refunds will not be provided unless the Gym is closed for a period greater than six (6) months or in exceptional circumstances as determined by the CEO of the Shire of Three Springs.
- Mandated contact tracing must be adhered to with Three Springs Community Gym users either signing into the attendance register or scanning the provided QR Code.
- Appropriate equipment cleaning must be undertaken by members to minimise the spread of bacteria and germs.

Cancellation/Refund Policy

In principle, a member agrees to be a member of the Three Springs Community Gym for the whole period they signed up and paid.

All memberships, excepting casual weekly, are subject to a seven (7) day cooling-off period, which starts from the time that the membership application is received at the front counter. The following guidelines apply:

1. To terminate a membership within the cooling-off period, members must notify the Shire in writing that they wish to exercise their right to cool off. The written notification can be submitted in person or via email to general@threesprings.wa.gov.au. The Gym is not to be accessed after the right to cool-off has been exercised, and the access fob is to be returned within 24 hours or on the next business day.
2. If a member cancels during the cooling-off period, the refund will be 100%.
3. No refunds after the cooling-off period will be accepted without the grounds of extenuating circumstances that will disallow the member to continue the use of their membership, i.e. serious illness, injury or relocation. Refunds will, however, remain at the discretion of the CEO of the Shire of Three Springs.
4. A minimum of two (2) weeks written notice is required to cancel any membership with a refund request. A member can continue to use their membership during the notification period. The member is required to return the access fob to the Shire of Three Springs within the notification period and no later than the day the cancellation takes effect.
5. All applications to cancel membership must be made in writing by emailing general@threesprings.wa.gov.au and providing your name, membership number, cancellation reason and date for cancellation (14 days after the date of email).
6. Cancellation and refunds are processed at the end of the notice period, and all refunds are processed by the Shire of Three Springs accounts payable department.

COMMUNITY GYM MEMBERSHIP



7. If a refund request is approved by the CEO of the Shire of Three Springs by members meeting the cancellation requirements as stated in this Policy under 4,5, and 6, the refund shall be calculated on a pro-rata basis. The calculation shall be the paid membership fee for the entire period relative to the time used at the Three Springs Community Gym. For example, if a member paid a 6-month membership and wishes to cancel after three months, the refund, if approved, will be 50% of the fee paid (after discount).
8. In case of any disputes pertaining to the contents of this Policy, the CEO of the Shire of Three Springs will have the final say in the matter. No appeals can be sought by any member.
9. Bond refunds for security access fobs will only be processed through EFT payment.

Consent

I, _____, have read the Code of Conduct and Terms and Conditions as presented in this form and understand the risks, rights and obligations associated with the use of the Three Springs Community Gym.

I also understand and acknowledge the use of CCTV and ancillary equipment, data collection and the sharing of that data with authorities if warranted. I understand that by signing this form, I give permission to record my entry and exit movements as well as my undertakings in the facility and that, in case of allegations or misconduct of any kind, the authorities will be granted access to the photo/video images as part of the investigations whether as a potential suspect or witness.

I understand and accept that I use the Three Springs Community Gym at my own risk and that engaging in any physical exercise activity or using the Three Springs Community Gym for any purpose may pose a serious risk to health or cause death. I understand it is my responsibility to consult a medical physician to determine my health and medical condition prior to commencing an exercise program or using the Three Springs Community Gym.

I understand that after starting to use the Three Springs Community Gym, if any changes in my physical condition occur that may indicate a new or recurring health risk by continued use of the Three Springs Community Gym, it is strongly recommended that a physician be consulted to ensure that it is appropriate to continue to use the Three Springs Community Gym.

I, on behalf of myself, my heirs and executors, hereby release and discharge and covenant not to pursue the Shire of Three Springs, its agents, officers and employees, from and for any and all liability for all loss or damages and any claims or demands, therefore, on account of injury to participant's person or property, including death, arising from the use of the Gym; and I agree to indemnify and hold the Shire of Three Springs and its agents harmless from any loss, liability, damage or cost, including reasonable attorney fees that may occur as a result of or due to participant's use of the Three Springs Community Gym.

I understand that as a public facility used by multiple people, the Three Springs Community Gym is subject to the guidelines and directions pertaining to COVID-19 as published by the Department of Health and/or relevant State Departments. I understand that any breach of this requirement may result in the suspension of membership or use of the facility at the discretion of the CEO of the Shire of Three Springs.

I accept the potential consequences of any breach or violation of the Three Springs Community Gym Terms and Conditions as outlined above.

Office Use Only					
Date Received		Covid Vac Proof Provided	<input type="checkbox"/> YES	Signature of Officer – Vac Prof	
Membership Type:	Full <input type="checkbox"/>	Concessional <input type="checkbox"/>	Concession Card Number:		
Concession Card Type:	Pensioner Concession Card <input type="checkbox"/> Health Care Card <input type="checkbox"/> Commonwealth Seniors Health Card <input type="checkbox"/> Other <input type="checkbox"/>				
Fob Access Number:			Receipt Number:		
Photo ID Number:			Fob Deposit Receipt Number:		
Officer Name:			Signature:		

ADULT PRE-EXERCISE SCREENING TOOL

This screening tool does not provide advice on a particular matter, nor does it substitute for advice from an appropriately qualified medical professional. No warranty of safety should result from its use. The screening system in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by Exercise and Sports Science Australia, Fitness Australia or Sports Medicine Australia for any loss, damage or injury that may arise from any person acting on any statement or information contained in this tool.

Name: _____

Date of Birth: _____ Male ☐ Female ☐ Date: _____

STAGE 1 (COMPULSORY)

AIM: to identify those individuals with a known disease, or signs or symptoms of disease, who may be at a higher risk of an adverse event during physical activity/exercise. This stage is self-administered and self-evaluated.

Please circle response

- | | Yes | No |
|---|-----|----|
| 1. Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke? | | |
| 2. Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise? | | |
| 3. Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance? | | |
| 4. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months? | | |
| 5. If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months? | | |
| 6. 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? | | |
| 7. Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise? | | |

IF YOU ANSWERED 'YES' to any of the 7 questions, please seek guidance from your GP or appropriate allied health professional prior to undertaking physical activity/exercise

IF YOU ANSWERED 'NO' to all of the 7 questions, and you have no other concerns about your health, you may proceed to undertake light-moderate intensity physical activity/exercise

I believe that to the best of my knowledge, all of the information I have supplied within this tool is correct.

Signature _____ Date _____

EXERCISE INTENSITY GUIDELINES

INTENSITY CATEGORY	HEART RATE MEASURES	PERCEIVED EXERTION MEASURES	DESCRIPTIVE MEASURES
SEDENTARY	< 40% HRmax	Very, very light RPE# < 1	<ul style="list-style-type: none"> Activities that usually involve sitting or lying and that have little additional movement and a low energy requirement
LIGHT	40 to <55% HRmax	Very light to light RPE# 1-2	<ul style="list-style-type: none"> An aerobic activity that does not cause a noticeable change in breathing rate An intensity that can be sustained for at least 60 minutes
MODERATE	55 to <70% HRmax	Moderate to somewhat hard RPE# 3-4	<ul style="list-style-type: none"> An aerobic activity that is able to be conducted whilst maintaining a conversation uninterrupted An intensity that may last between 30 and 60 minutes
VIGOROUS	70 to <90% HRmax	Hard RPE# 5-6	<ul style="list-style-type: none"> An aerobic activity in which a conversation generally cannot be maintained uninterrupted An intensity that may last up to about 30 minutes
HIGH	≥ 90% HRmax	Very hard RPE# ≥ 7	<ul style="list-style-type: none"> An intensity that generally cannot be sustained for longer than about 10 minutes

= Borg's Rating of Perceived Exertion (RPE) scale, category scale 0-10



Bond Deposit Refund Creditor

Address: PO Box 117 Three Springs WA 6519

Phone: (08) 9954 1001

Email: afo@threesprings.wa.gov.au

Use this form to request a Creditor for Bond Deposit Refund.

CREDITOR/SUPPLIER DETAILS

Full Name					
Address					
Postal Address					
Mobile No					
Email Address					
Signature			Date		

BANK DETAILS

Name of Account			
Name of Bank & Branch Name			
BSB		Account Number	

OFFICE USE ONLY

Officer's Name		Officer's Signature	
Approved by DCEO Name		DCEO Signature	
N & A code		Amount of Bond	
Creditor Number		Date Updated	/ /
Bond Receipt Number		Receiving Officer	