

Junior Membership Consent Form

Our Gym

The Gym@CDU is a well-equipped and professionally staffed community gym with a personal, club like atmosphere. Approximately half of our members are CDU staff or students who enjoy the convenience of a well-equipped gym on campus, the other half are public members of all age groups. All our staff are fully qualified fitness professionals, most of us are Personal Trainers or even students of Sport and Exercise Science.

Our Offer to Juniors

We are invested in our young members health and safety whilst training in our facility, therefore we provide our members with experienced personal trainers to oversee the gym floor during most of our business hours. We have also developed a Junior Special for high school students aged over 14 years, for \$100 (or NTG Sports Voucher) we provide a 10 visit pass plus one free session with our Senior Personal Trainer. This free session affords our young members with a comprehensive 45-minute introduction to training with our expert staff, including basic strength and aerobic components to safely develop overall fitness.

Our Rules

14-15 year olds allowed with **parental supervision**

16-17 year olds allowed with **parental permission**

Appropriate closed up footwear must be worn at all times

A towel must be used on all equipment when training

Student Details

Student Name	
Address	
Date of birth	
Parent/Guardian Name	
Parent/Guardian Phone Number	
Parent/Guardian Email	
Emergency Contact Name if different from above	
Emergency Contact Number if different from above	

Please select

Casual attendance \$10 per session	
Junior Special (10 visits + easy starter gym program) \$100 or NTG Sports Voucher	
Membership (please refer to flyer and membership form for details)	

Gym Contact Details

Gym reception: gym@cdu.edu.au, ph: 8946 6971

Gym Mgr: anke.pfannkuchen@cdu.edu.au, ph: 8946 6688

Pre-exercise Questionnaire

Please turn over and complete questionnaire on the reverse side.

Junior Pre Exercise Questionnaire

Have you had, do you have, or have you suffered from any of the following?	Yes	No	If Yes, please give details of condition, medication and approximate date cleared
Diagnosed medical condition such as diabetes, heart disease, stroke, high blood pressure, cystic fibrosis, asthma, cerebral palsy, breathing or lung problems or any other chronic conditions			
Experience of any abnormal episodes such as seizures, fainting, heat-stroke			
Diagnosed psychological / behavioural disorders related to exercise			
Muscle, bone or joint problem			
Neuromuscular difficulties such as brain or spinal injuries			
Sensory issues such as vision, hearing, speech, balance			
Allergies			
Other medical reason/condition which might prevent the child from participating in an exercise program			
Medications currently taken, the purpose of the medication and any known side-effects			

If any of the above conditions have been experienced, please either obtain physician clearance prior to exercise commencement, or sign below if the condition has already been cleared by your doctor.

1. I, and if being a minor, my parent/s, guardian/s, for and on behalf of myself, acknowledge that during all such times as I am on the premises which is organised, approved or endorsed by The Gym@CDU, 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 The Gym@CDU liable for any personal injury or loss of property which may arise from the negligence of The Gym@CDU, its servants, agents, independent contractors, voluntary workers, other users of the facility or participants in the activities or spectators, or other parties providing service through or in the facilities of The Gym@CDU.
2. I, and if being a minor, my parent/s, guardian/s, for and on behalf of myself, warrant that I am physically fit and able to engage in exercise and gym programs. I also agree to abide by The Gym@CDU's Users Code of Conduct at all times whilst on the premises of The Gym@CDU.

Parents/guardians signature: _____ **Date:** _____