



Membership Application

Membership Number:

Nyini Health and Wellness Centre
2/55 McMillan Road, Echuca 3564
Telephone: 03 5481 0669
ABN: 17 334 858 388

PERSONAL DETAILS

Surname: _____

Address: _____

Contact Number: _____

Are you Aboriginal or TSI: Yes ☐ No ☐

First Name: _____

Date of Birth: _____

Email: _____

If no, are you a: Staff member ☐ Partner ☐ Carer ☐

Emergency Contact

Surname: _____

Relationship: _____

Do you come under a Njernda Funded Program:

Yes ☐ No ☐

First Name: _____

Contact Number: _____

If yes, what program: Family Services ☐ Chronic Care ☐

Justice ☐ Youth ☐ Wellbeing ☐ Other: _____

TERMS AND CONDITIONS

MEMBERSHIP ACCESS

- All members will be issued with their own Gym Access Card which is free of charge.
- Lost or stolen cards that need to be replaced; the member will incur a \$20.00 replacement fee.
- The lending of your card or taking non-members into the fitness centre may void your membership and incur a 3/6 or 12-month ban.
- All proposed members are encouraged to undertake a Health Assessment (715) through the Njernda Medical Centre or other Medical Providers.
- All proposed members are to complete this application and undertake the Pre-Screening Assessment and Questionnaire.
- All members are encouraged to attend referrals identified through the Pre-Screening process such as Physios, Dietitian, Exercise Physiologist, and other Allied Health providers.
- No person under the age of 16 is allowed within the gymnasium or group fitness area without parental/adult supervision.
- Persons between the age of 16 and 18 must have a written letter from the parent or guardian allowing permission for the member to utilise the gymnasium.
- No spectators allowed without permission from staff.

CONDUCT AND BEHAVIOUR

- Management reserves the right to refuse entry, cancel a membership or request a member to leave the premises if the member does not behave in a responsible manner, is under the influence of drugs and/or alcohol or does not adhere to the general conditions of entry.
- Management can also refuse entry to a member if the member poses a potential risk to any other member.
- No smoking is permitted within the facility or the surrounding area.

FEES/CHARGES and DONATIONS

- There will be no cost to join and have access to the centre.
- If you would like to donate towards the future upgrades and maintenance of equipment please speak to staff for further information.

CENTRE OPERATIONS

- Nyini Health Management reserves the right to vary, add or eliminate any facility or service provided by the centre.
- Member access is available 7 days a week from 5.00am – 10.30pm, unless otherwise advised by Nyini Health Management.

CLOTHING ATTIRE

- Bags or other items must be stored in pigeonholes provided.
- Training shirts must always be worn within the facility.
- A towel is always required and must be used on all equipment.
- Enclosed shoes are compulsory.
- Nyini Health will take no responsibility for lost or stolen property

UNAVAILABILITY OF FACILITY OR SERVICE

- Facilities or services within the centre may be unavailable at any time due to mechanical breakdown, lockdowns, fire, catastrophe, or any other unforeseen reasons.
- Nyini Health will not be held responsible or liable for such occurrences

GYMNASIUM

- Please ensure you warm up and stretch before commencing your workout and cool down and stretch upon completion of your workout.
- Members using the gym do so on the understanding that they believe that their state of health and physical condition is such that their wellbeing will not be unduly affected when using the equipment and apparatus.
- Use of the gym equipment and apparatus is on the basis that the member understands the proper use of equipment and uses that equipment at their own risk.
- It should be noted that if the Gym is unattended, members should familiarise themselves fully in the operation of the equipment provided and workout within their limitations.
- Inductions are available for new members and bookings are essential.
- Targeted workout programs are encouraged, and support is offered to those who require assistance. Bookings are essential.
- Members are encouraged to train in pairs or groups.
- Ensure lights, air conditioner, fans, music are switched off before leaving the facility.
- Always ensure the main door is LOCKED before leaving.

EQUIPMENT

- All equipment must be handled appropriately and returned to appropriate storage location after each use.
- Please do not drop the weights.
- Any faults or damage to equipment must be reported to the Nyini Health Management/Staff
- Please wipe down and clean equipment after use with the facilities made available to you.
- For any other issues please notify Management/Staff.

TIME STOP

- The minimum number of days a membership can be time stopped is 7 days and the maximum of 365 days.
- All time stops must be applied for in advance. Under no circumstances will time stops be backdated.
- Maximum 4 time stops per member per calendar year.

DISCLAIMER

1. I agree to comply with all rules, conditions and directions stipulated in this Terms and Conditions document regarding the facility and its equipment use and personal behaviour of members whilst using the Gym.
2. To the best of my knowledge, I believe that my state of health and physical condition is such that the proper use of the Gym facilities in accordance with the Terms and conditions which apply thereto will not pose any risk to my health and wellbeing.
3. I acknowledge and agree that my use of the services, facilities, equipment, or apparatus of the Gym will be undertaken at my own risk.
4. Exercise is demanding and there are innate risks associated with an exercise program and the gym environment. Participating in exercise at Nyini Health may cause serious injury, paralysis, or death. I participate in exercise at Nyini Health at my own risk. I release, indemnify, and hold harmless Nyini Health, its servants and agents, from and against all and any actions or claims which may be made by me or my property whether by negligence, breach of contract or in any way whatsoever or any liability that results from the breach of an express or implied warranty that Nyini Health will be rendered with responsible care or skill.
5. If I am injured, or my property is damaged, I will bring no claim, legal or otherwise, against Nyini Health in respect of that injury or damage.

DECLARATION

I agree that the information declared above is true and correct and I have read and understand that my rights are limited by this disclaimer.

Member Name: _____

Signature: _____

Date: _____

Parent/Guardian: _____

Signature: _____

Date: _____

Gym Staff Member: _____

Signature: _____

Date: _____

OFFICE USE ONLY

Start Date: / /
Membership tag issued: Y / N
Gym Master Database: Y / N

Expiry Date: / /
Tag Number: _____
Database number: _____

PRE-EXERCISE SCREENING SYSTEM FOR YOUNG PEOPLE

YOUNG PERSON TOOL (PSS-YP)



To be completed
by a young person
16-17 years old

Important Information: This tool is part of the Pre-Exercise Screening System and should be used in conjunction with the PSS User Guide which covers how to use the information collected and to address the aims of each stage. This does not constitute medical advice. These guidelines and the PSS (together 'the material') is not intended for use to diagnose, treat, cure or prevent any medical conditions, is not intended to be professional advice and is not a substitute for independent health professional advice. Exercise & Sport Science Australia, Fitness Australia, Sports Medicine Australia and Exercise is Medicine (together 'the organisations') do not accept liability for any claims, howsoever described, for loss, damage and/or injury in connection with the use of any of the material, or any reliance on the information therein. While care has been taken to ensure the information contained in the material is accurate at the date of publication, the organisations do not warrant its accuracy. No warranties (including but not limited to warranties as to safety) and no guarantees against injury or death are given by the organisations in connection with the use or reliance on the material. If you intend to take any action or inaction based on the guidelines and/or the PSS, it is recommended that you obtain your own professional advice based on your specific circumstances.

Child/Young Person's Details:

Full Name: _____

Date of Birth: _____ Age: _____ Gender: *Male* *Female* *Prefer not to say* *Other*

Pre-exercise screening results will be kept as confidential files and shared only among individuals involved in the event of urgent medical care, and/or with the consent of the young person and/or parent/guardian.

STAGE 1 (COMPULSORY)

To be completed with an exercise professional or individual who is responsible for the medical care of the young person.



These questions are part of a system designed for young people participating in exercise. The aim is to identify any young person with medical conditions or warning signs that may put them at a higher risk of an unwanted event during activity or exercise sessions. Unwanted events may include something unexpected during exercise leading to illness, physical harm or death.

Please tick your response

Do you have, or previously had:	YES	DON'T KNOW	NO
1. A heart condition?			
2. A close relative who has died suddenly from a heart condition before the age of 50?			
3. Uncontrolled epilepsy or seizures/convulsions?			
4. Fainting or dizzy spells with physical activity/exercise?			
5. Diabetes?			
6. An asthma attack requiring immediate medical attention at any time over the last 12 months?			
7. Anaphylactic reactions?			
8. Surgery in the last month?			
9. Any other conditions that may require special consideration for you to exercise?			
IF YOU ANSWERED 'YES' or 'DON'T KNOW' to any of the 9 questions above, please discuss with the exercise leader or the person administering this form prior to undertaking exercise.			
IF YOU ANSWERED 'NO' we recommend you proceed to Stage 2 with the exercise leader or those providing medical care.			
10. Over the past seven days, on how many days were you physically active for a total of 60 minutes or more per day?	Number of days:		

Young Person - I hereby acknowledge that:

- » To the best of my knowledge, all of the information I have supplied within this screening tool is correct.
- » I will inform the exercise leader or person administering this form if there are any changes to the answers above.

Name: _____ Signature: _____ Date: _____

Parent/Guardian Consent (*required if young person 15 years old or younger) - I hereby acknowledge that:

- » To the best of my knowledge, all of the information supplied within this tool is correct.
- » I will inform the exercise leader or those providing medical care immediately if there are any changes to the information provided.

Name: _____ Signature: _____ Date: _____

24-hour Physical Activity Guidelines

Following these guidelines may be challenging at times; however, meeting them will benefit health. Achieving these guidelines is associated with better health and leads to improved body composition, cardiorespiratory and musculoskeletal fitness, cardiovascular and metabolic health, improved cognition, mental health and emotional regulation. For those not currently meeting these guidelines, a progressive adjustment towards them is recommended.

Figure 1. 24-hour physical activity guidelines

(<http://www.health.gov.au/internet/main/publishing.nsf/Content/health-24-hours-phys-act-guidelines>)



SLEEP

14-17 yr olds =
8-10 hours per night



PHYSICAL ACTIVITY

Aim for 60 mins or more per day – the
more you huff & puff the better!



INACTIVITY

Move more & sit less in
your free time

STAGE 2 (RECOMMENDED)

This stage is to be completed with an activity or exercise leader, or a relevant health professional, to highlight possible medical conditions or warning signs that may put a young person at a higher risk of an unwanted event during activity or exercise sessions.

11. Do you take any regular medications or supplements?

YES **NO**

If you are taking any regular medications or supplements, provide details:

12. Do you have any current health or medical management plans (e.g. anaphylaxis, asthma or diabetes)?

YES **NO**

If yes, provide details:

If yes to above, do you always carry any required medication?

- » Anaphylaxis - Epipen? **YES** **NO** **NA**
- » Diabetes - insulin or glucose? **YES** **NO** **NA**
- » Asthma - reliever (Ventolin or other)? **YES** **NO** **NA**

13. Have you experienced heat related illness previously?

YES **NO**

If yes, provide details:

14. Have you spent time in hospital (including day admission) for any medical condition/ illness/ injury during the last 12 months?

YES NO

If yes, provide details:

15. Do you have any muscle, bone or joint problems and/or pain that could be made worse by participating in activity?

YES NO

If yes, provide details:

16. In the last month have you suffered an episode of concussion?

YES NO

If yes, provide details:

17. Which of the following behaviours did you do in the last 7 days?	YES/NO	How many times?	For how long (average)?
Sport (including training)			
Physical Education class			
School physical activity (e.g. fitness, lunch-time sports)			
Active travel (e.g. walk or cycle to shops/school/work)			
Other physical activity (e.g. gym, walking the dog, play at the playground)			

Over the last week, what time did you go to bed (Sunday to Thursday evening)?	
Over the last week, what time did you wake up (Monday to Friday morning)?	
On the weekend (Friday or Saturday evening), what time did you go to bed?	
On the weekend (Saturday or Sunday morning), what time did you wake up?	

On the last 5 weekdays (Monday to Friday), how much time on average did you spend:	Hours
- watching movies or TV shows on any device (TV, computer, tablet or smartphone?)	
- surfing the internet for fun?	
- texting or messaging, or using social media?	
- playing videogames on smartphones, computers, tablets or consoles like Playstation?	

OPTIONAL

18. Are you pregnant or have you recently given birth?

YES NO

If yes, provide details:



Nyini Health and Wellness Centre

Lifestyle Questionnaire

Name:		Sex:	
Address:		D.O.B:	
Tel:		Email:	

In case of emergency, whom can we contact? _____

Occupation: Please explain your position along with the physical and mental responsibilities involved.

On a scale of 1 to 10 (1=not active, 10=very active), please rate how active you are daily

1	2	3	4	5	6	7	8	9	10
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How many hours sleep do you get every day? _____

Are you currently involved in any exercise program?

If yes, please list the duration, what type of exercises, and what intensity you participate at.

Goal setting

Please list three fitness/health-related goals (Using the SMART acronym)

Short

Medium

Long

Where are you now in relation to your goal/s? _____

What is the biggest challenge you must overcome in attaining your goal/s?

On a scale of 1 to 10 (1=not committed, 10=very committed), please rate how committed you are to achieve your goal/s.

1	2	3	4	5	6	7	8	9	10
Training preferences									

When do you prefer to exercise?

Before work	Lunch time	Afternoon	Evening
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How many days can you train per week?

1-2	2-3	3-4	4+
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How long per session can you train?

<30 minutes	30-45 minutes	45-60 minutes
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What type of exercise do you enjoy or prefer?

Do you follow, or have you recently followed, any specific dietary intake plan and, in general, how do you feel about your nutritional habits?

Daily dietary intake

Portions of milk/yoghurt/cheese: _____	Alcohol: _____
Portions of vegetables/legumes/beans: _____	No. of cups of coffee/tea: _____
Portions of fruit: _____	Glasses of Coke/soda: _____
Portions of meat/ poultry/ fish/ eggs/ tofu/ nuts/ seeds: _____	Sweets: _____
Portions of Grain (cereal) foods: _____	Other: _____
Glasses of water: _____	

Recommendations/ advice

All information on this form is correct to the best of my knowledge. I have sought and followed any necessary medical advice.

Signature: _____

Date: / /

Client Fitness Appraisal

Height: _____
 BP: _____
 BMI: _____

Weight: _____ kgs
 RHR: _____ bpm
 BMI Rating: _____

Girth measurement					
Chest:	_____	cm	Arm:	_____	cm
Waist:	_____	cm	Hips:	_____	cm
Thigh:	_____	cm	Waist-to-hip ratio:	_____	
Waist/ hip rating:	_____		_____		
Client feedback					
Cardiovascular endurance/aerobic fitness			Strength		
Test:	_____		Test:	_____	
Result:	_____		Result:	_____	
Rating:	_____		Rating:	_____	
Feedback/recommendations			Feedback/recommendations		
Muscular endurance			Power		
Test:	_____		Test:	_____	
Result:	_____		Result:	_____	
Rating:	_____		Rating:	_____	
Feedback/recommendations			Feedback/recommendations		
Mobility			Other		
Test:	_____		Test:	_____	
Result:	_____		Result:	_____	
Rating:	_____		Rating:	_____	
Feedback/recommendations			Feedback/recommendations		