



# 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: \_\_\_\_\_

# ADULT PRE-EXERCISE SCREENING SYSTEM (APSS)



This screening tool is part of the Adult Pre-Exercise Screening System (APSS) that also includes guidelines (see User Guide) on how to use the information collected and to address the aims of each stage. 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 & Sport Science Australia, Fitness Australia, Sports Medicine Australia or Exercise is Medicine for any loss, damage, or injury that may arise from any person acting on any statement or information contained in this system.

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Other: \_\_\_\_\_

## STAGE 1 (COMPULSORY)

**AIM:** To identify individuals with known disease, and/or signs or symptoms of disease, who may be at a higher risk of an adverse event due to exercise. An adverse event refers to an unexpected event that occurs as a consequence of an exercise session, resulting in ill health, physical harm or death to an individual.

This stage may be self-administered and self-evaluated by the client. Please complete the questions below and refer to the figures on page 2. Should you have any questions about the screening form please contact your exercise professional for clarification.

Please tick your response

	YES	NO
1. Has your medical practitioner ever told you that you have a heart condition or have you ever suffered a stroke?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you ever experience unexplained pains or discomfort in your chest at rest or during physical activity/exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you ever feel faint, dizzy or lose balance during physical activity/exercise?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
5. If you have diabetes (type 1 or 2) have you had trouble controlling your blood sugar (glucose) in the last 3 months?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have any other conditions that may require special consideration for you to exercise?	<input type="checkbox"/>	<input type="checkbox"/>

**IF YOU ANSWERED 'YES'** to any of the 6 questions, please seek guidance from an appropriate allied health professional or medical practitioner prior to undertaking exercise.

**IF YOU ANSWERED 'NO'** to all of the 6 questions, please proceed to question 7 and calculate your typical weighted physical activity/exercise per week.

7. Describe your current physical activity/exercise levels in a typical week by stating the frequency and duration at the different intensities. For intensity guidelines consult figure 2.

Intensity	Light	Moderate	Vigorous/High
Frequency (number of sessions per week)	_____	_____	_____
Duration (total minutes per week)	_____	_____	_____

### Weighted physical activity/exercise per week

Total minutes = (minutes of light + moderate) + (2 x minutes of vigorous/high)

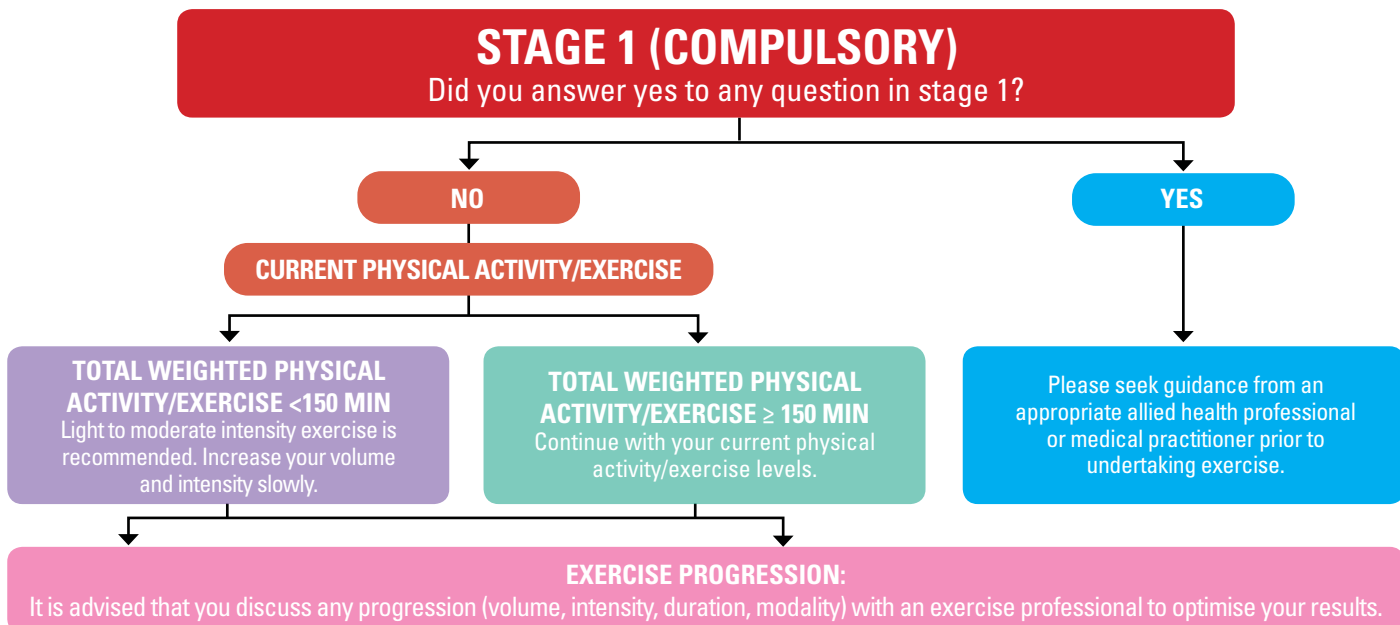
**TOTAL = \_\_\_\_\_ minutes per week**

- If your total is less than 150 minutes per week then light to moderate intensity exercise is recommended. Increase your volume and intensity slowly.
- If your total is more than or equal to 150 minutes per week then continue with your current physical activity/exercise intensity levels.
- It is advised that you discuss any progression (volume, intensity, duration, modality) with an exercise professional to optimise your results.

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

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FIGURE 1: Stage 1 Screening Steps**



**FIGURE 2: Exercise Intensity Guidelines**

INTENSITY CATEGORY	HEART RATE MEASURES	PERCEIVED EXERTION MEASURES	DESCRIPTIVE MEASURES
<b>LIGHT</b>	40 to <55% HRmax*	<b>VERY LIGHT TO LIGHT RPE# 1-2</b>	<ul style="list-style-type: none"> <li>An aerobic activity that does not cause a noticeable change in breathing rate</li> <li>An intensity that can be sustained for at least 60 minutes</li> </ul>
<b>MODERATE</b>	55 to <70% HRmax*	<b>MODERATE TO SOMEWHAT HARD RPE# 3-4</b>	<ul style="list-style-type: none"> <li>An aerobic activity that is able to be conducted whilst maintaining a conversation uninterrupted</li> <li>An intensity that may last between 30 and 60 minutes</li> </ul>
<b>VIGOROUS</b>	70 to <90% HRmax*	<b>HARD RPE# 5-6</b>	<ul style="list-style-type: none"> <li>An aerobic activity in which a conversation generally cannot be maintained uninterrupted</li> <li>An intensity that may last up to 30 minutes</li> </ul>
<b>HIGH</b>	≥ 90% HRmax*	<b>VERY HARD RPE# 7</b>	<ul style="list-style-type: none"> <li>An aerobic activity in which it is difficult to talk at all</li> <li>An intensity that generally cannot be sustained for longer than about 10 minutes</li> </ul>

\* HRmax = estimated heart rate maximum. Calculated by subtracting age in years from 220 (e.g. for a 50 year old person = 220 - 50 = 170 beats per minute).

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

Modified from Norton K, L. Norton & D. Sadgrove. (2010). Position statement on physical activity and exercise intensity terminology. J Sci Med Sport 13, 496-502.

# STAGE 2 (RECOMMENDED)



**AIM:** This stage is to be completed with an exercise professional to determine appropriate exercise prescription based on established risk factors.

CLIENT DETAILS	GUIDELINES FOR ASSESSING RISK
<p>8. Demographics</p> <p>Age: _____</p> <p>Male      Female      Other</p>	<p>Risk of an adverse event increases with age, particularly males <math>\geq 45</math> yr and females <math>\geq 55</math> yr.</p>
<p>9. Family history of heart disease (e.g. stroke, heart attack)?</p> <p>Relationship (e.g. father)      Age at heart disease event</p> <p>_____      _____</p> <p>_____      _____</p> <p>_____      _____</p>	<p>A family history of heart disease refers to an event that occurs in relatives including parents, grandparents, uncles and/or aunts before the age of 55 years.</p>
<p>10. Do you smoke cigarettes on a daily or weekly basis or have you quit smoking in the last 6 months?</p> <p>Yes      No</p> <p>If currently smoking, how many per day or week?</p> <p>_____</p>	<p>Smoking, even on a weekly basis, substantially increases risk for premature death and disability. The negative effects are still present up to at least 6 months post quitting.</p>
<p>11. Body composition</p> <p>Weight (kg) _____ Height (cm) _____</p> <p>Body Mass Index (kg/m<sup>2</sup>) _____</p> <p>Waist circumference (cm) _____</p>	<p>Any of the below increases the risk of chronic diseases:</p> <p>BMI <math>\geq 30</math> kg/m<sup>2</sup></p> <p>Waist &gt; 94 cm male or &gt; 80 cm female</p>
<p>12. Have you been told that you have high blood pressure?</p> <p>Yes      No</p> <p>If known, systolic/diastolic (mmHg)</p> <p>_____</p> <p>Are you taking any medication for this condition?</p> <p>Yes      No</p> <p>If yes, provide details</p> <p>_____</p>	<p>Either of the below increases the risk of heart disease:</p> <p>Systolic blood pressure <math>\geq 140</math> mmHg</p> <p>Diastolic blood pressure <math>\geq 90</math> mmHg</p>
<p>13. Have you been told that you have high cholesterol/ blood lipids?</p> <p>Yes      No</p> <p>If known:</p> <p>Total cholesterol (mmol/L) _____</p> <p>HDL (mmol/L) _____</p> <p>LDL (mmol/L) _____</p> <p>Triglycerides (mmol/L) _____</p> <p>Are you taking any medication for this condition?</p> <p>Yes      No</p> <p>If yes, provide details _____</p>	<p>Any of the below increases the risk of heart disease:</p> <p>Total cholesterol <math>\geq 5.2</math> mmol/L</p> <p>HDL &lt; 1.0 mmol/L</p> <p>LDL <math>\geq 3.4</math> mmol/L</p> <p>Triglycerides <math>\geq 1.7</math> mmol/L</p>

CLIENT DETAILS	GUIDELINES FOR ASSESSING RISK
<p>14. Have you been told that you have high blood sugar (glucose)?</p> <p>Yes      No</p> <p>If known: Fasting blood glucose (mmol/L) _____</p> <p>Are you taking any medication for this condition?</p> <p>Yes      No</p> <p>If yes, provide details</p> <p>_____</p>	<p>Fasting blood sugar (glucose) <math>\geq 5.5</math> mmol/L increases the risk of diabetes.</p>
<p>15. Are you currently taking prescribed medication(s) for any condition(s)? These are additional to those already provided.</p> <p>Yes      No</p> <p>If yes, what are the medical conditions?</p> <p>_____</p>	<p>Taking medication indicates a medically diagnosed problem. Judgment is required when taking medication information into account for determining appropriate exercise prescription because it is common for clients to list 'medications' that include contraceptive pills, vitamin supplements and other non-pharmaceutical tablets. Exercise professionals are not expected to have an exhaustive understanding of medications. Therefore, it may be important to use common language to describe what medical conditions the drugs are prescribed for.</p>
<p>16. Have you spent time in hospital (including day admission) for any condition/illness/injury during the last 12 months?</p> <p>Yes      No</p> <p>If yes, provide details</p> <p>_____</p>	<p>There are positive relationships between illness rates and death versus the number and length of hospital admissions in the previous 12 months. This includes admissions for heart disease, lung disease (e.g., Chronic Obstructive Pulmonary Disease (COPD) and asthma), dementia, hip fractures, infectious episodes and inflammatory bowel disease. Admissions are also correlated to 'poor health' status and negative health behaviours such as smoking, alcohol consumption and poor diet patterns.</p>
<p>17. Are you pregnant or have you given birth within the last 12 months?</p> <p>Yes      No</p> <p>If yes, provide details</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>During pregnancy and after recent childbirth are times to be more cautious with exercise. Appropriate exercise prescription results in improved health to mother and baby. However, joints gradually loosen to prepare for birth and may lead to an increased risk of injury especially in the pelvic joints. Activities involving jumping, frequent changes of direction and excessive stretching should be avoided, as should jerky ballistic movements. Guidelines/fact sheets can be found here: 1) <a href="http://www.exerciseismedicine.com.au">www.exerciseismedicine.com.au</a> 2) <a href="http://www.fitness.org.au/Pre-and-Post-Natal-Exercise-Guidelines">www.fitness.org.au/Pre-and-Post-Natal-Exercise-Guidelines</a></p>
<p>18. Do you have any diagnosed muscle, bone, tendon, ligament or joint problems that you have been told could be made worse by participating in exercise?</p> <p>Yes      No</p> <p>If yes, provide details</p> <p>_____</p> <p>_____</p>	<p>Almost everyone has experienced some level of soreness following unaccustomed exercise or activity but this is not really what this question is designed to identify. Soreness due to unaccustomed activity is not the same as pain in the joint, muscle or bone. Pain is more extreme and may represent an injury, serious inflammatory episode or infection. If it is an acute injury then it is possible that further medical guidance may be required.</p>

**Important Information:** This screening tool is part of the [Adult Pre-Exercise Screening System \('APSS'\)](#) and should be read with the APSS guidelines (see [User Guide](#)) on how to use the information collected and to address the aims of each stage. This does not constitute medical advice. This form, the guidelines and the APSS (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 & Sports 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 this form, the guidelines and/or the APSS, it is recommended that you obtain your own professional advice based on your specific circumstances.



## Nyini Health and Wellness Centre Lifestyle Questionnaire

<b>Name:</b>		<b>Sex:</b>	
<b>Address:</b>		<b>D.O.B:</b>	
<b>Tel:</b>		<b>Email:</b>	

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)

<b>Short</b>	
<b>Medium</b>	
<b>Long</b>	

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
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### 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?

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

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### 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

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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: \_\_\_\_\_

Weight: \_\_\_\_\_ kgs

BP: \_\_\_\_\_

RHR: \_\_\_\_\_ bpm

BMI: \_\_\_\_\_

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		