



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

Emergency Contact

Surname: _____

Relationship: _____

Do you come under a Njernda Funded Program:

Yes No

First Name: _____

Date of Birth: _____

Email: _____

If no, are you a: Staff member Partner Carer

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: _____

SCREENING TOOL

PHYSICAL ACTIVITY/EXERCISE DURING PREGNANCY



Name

Address

Phone Birthdate / /

Current Health Professional Contact

Current Gestational Age (weeks) Due Date

STAGE 1 - GENERAL CONTRAINDICATIONS TO PHYSICAL ACTIVITY/EXERCISE

This section explores general health prior to pregnancy

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

IF YOU ANSWERED **YES** to any of the 7 questions above, you should seek guidance from a health professional before participating in any further physical activity/exercise.

IF YOU ANSWERED **NO** to all 7 questions above, please proceed to STAGE 2, which specifically considers your health during pregnancy.

This screening tool is to be used in conjunction with the Australian Physical Activity Guidelines for Pregnant Women <https://www1.health.gov.au/>
Pregnant women should discuss their physical activity / exercise behaviours with an appropriately qualified health professional as this tool does not constitute nor replace medical advice. 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 document. 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. If you intend to take any action or inaction based on this form, it is recommended that you obtain your own professional advice based on your specific circumstances.

STAGE 2 - CONTRAINDICATIONS TO PHYSICAL ACTIVITY/EXERCISE DURING PREGNANCY

ABSOLUTE CONTRAINDICATIONS DURING PREGNANCY

Have you ever been told that you have any of the following contraindications to physical activity/exercise:

1. Incompetent cervix	YES	NO
2. Ruptured membranes, premature labour	YES	NO
3. Persistent second or third trimester bleeding	YES	NO
4. Placenta previa	YES	NO
5. Pre-eclampsia	YES	NO
6. Evidence of intrauterine growth restriction	YES	NO
7. Multiple gestation (eg: triplets or higher number)	YES	NO
8. Poorly controlled Type I diabetes, hypertension or thyroid disease	YES	NO
9. Other serious cardiovascular, respiratory or systemic disorder	YES	NO

IF YOU ANSWERED **YES** to any of the 9 questions above, you should discuss opportunities to modify your physical activity/exercise with a health professional before participating in any further physical activity/exercise. It is still important that you avoid sitting for long periods of time.

IF YOU ANSWERED **NO** to all 9 questions above, please proceed to RELATIVE CONTRAINDICATIONS.

RELATIVE CONTRAINDICATIONS DURING PREGNANCY

Have you ever been told that you have any of the following contraindications to physical activity/exercise:

1. History of spontaneous miscarriage, premature labour or fetal growth restriction	YES	NO
2. Mild/moderate cardiovascular or chronic respiratory disease	YES	NO
3. Pregnancy-induced hypertension	YES	NO
4. Poorly controlled seizure disorder	YES	NO
5. Type 1 diabetes	YES	NO
6. Symptomatic anaemia	YES	NO
7. Malnutrition, significantly underweight or eating disorder	YES	NO
8. Twin pregnancy after the 28th week	YES	NO
9. Other significant medical condition/s (Please detail below)	YES	NO

IF YOU ANSWERED **YES** to any of the 9 questions above, you should discuss opportunities to modify your physical activity/exercise with a health professional before participating in any further physical activity/exercise. It is still important that you move about frequently and avoid sitting for long periods of time.

IF YOU ANSWERED **NO** to all 9 questions above, please follow the physical activity/exercise guidelines on the next page.

IMPORTANT: Where physical activity/exercise is safe, health professionals should encourage physical activity/exercise in accordance with the Australian Physical Activity Guidelines for Pregnant women, with the key messages being **Move more - Sit less - Be active during pregnancy!**

STAGE 3 - PHYSICAL ACTIVITY/EXERCISE GUIDELINES

DOSE: HOW MUCH PHYSICAL ACTIVITY SHOULD I DO?

IF YOU ARE:	SEDENTARY	ACTIVE BUT NOT MEETING GUIDELINES	MEETING GUIDELINES BETWEEN 150-300 MINS PER WEEK	EXCEEDING GUIDELINES
	<p>Doing any physical activity is better than doing none</p> <p>If you currently do no physical activity, start slowly and progress towards meeting the guidelines</p>	<ul style="list-style-type: none"> • Be active on most, preferably all, days every week • Accumulate 150 to 300 minutes (2 ½ to 5 hours) of moderate intensity physical activity or 75 to 150 minutes (1 ¼ to 2 ½ hours) of vigorous intensity physical activity, or an equivalent combination of both moderate and vigorous activities, each week • Do muscle strengthening activities on at least 2 days each week targeting large muscle groups • Minimise the amount of time spent in prolonged sitting • Break up long periods of sitting as often as possible 		<ul style="list-style-type: none"> • Upper intensity limit for exercise during pregnancy is not known • To ensure safety and wellbeing, highly active women, including athletes, should have their physical/activity program overseen and managed by an informed health professional • May continue with current program, as long as necessary modifications are made as the pregnancy progresses

TYPE: WHAT SORT OF ACTIVITY SHOULD I DO / NOT DO?

Physical activities/exercises that are considered SAFE:

National guidelines concur that the following activities are considered to be generally safe for pregnant women with an uncomplicated pregnancy:

- Aerobic physical activity/exercise
- Muscle strengthening exercises using body weight, weights or resistance bands
- Pelvic floor muscle exercises
- Pregnancy specific classes

Physical activities/exercises that are considered UNSAFE:

Pregnant women are advised to avoid activities that involve:

- Significant changes in pressure (eg. sky diving, scuba diving etc.)
- Risk of contact / collision
- Risk of falling (ie. activities that require high levels of balance, coordination and agility)
- Heavy lifting

Women who are healthy and already active do not need to seek medical clearance for physical activity / exercise during pregnancy, but those who are considering high volumes of exercise training (high intensity, prolonged duration, heavy weights, etc) should seek advice and guidance from a health professional who is knowledgeable about the effects of high level training on maternal and fetal outcomes.

INTENSITY: HOW HARD SHOULD I EXERCISE?

Rating of Perceived Exertion for Physical Activities

- Current PA guidelines recommend both moderate and vigorous intensity activities
- Use this RPE scale to judge the intensity of activities
- On this scale, where 1 is sedentary (not moving), and 10 is maximal effort, activities in the range 3-7 are considered safe and are recommended for health benefits in pregnant women
- Intensity may also be judged using the 'talk test'; in moderate intensity activities women should be able to carry on a conversation, while in vigorous activities they would find this difficult

- 1 Sedentary
- 2 Light
- 3 Moderate
- 4
- 5
- 6 Vigorous
- 7
- 8 High Intensity
- 9
- 10

REASONS TO STOP EXERCISE AND CONSULT YOUR HEALTH CARE PROVIDER

- Chest pain
- Persistent excessive shortness of breath - that does not resolve with rest
- Severe headache
- Persistent dizziness/feeling faint - that does not resolve with rest
- Regular painful uterine contractions
- Vaginal bleeding
- Persistent loss of fluid from the vagina - indicating possible ruptured membrane

ADDITIONAL SAFETY PRECAUTIONS - WHAT TO AVOID?

- Avoid dehydration and inadequate nutrition. Stay well hydrated and try to ensure energy intake is in line with recommended gestational weight gain
- Avoid heat stress/hyperthermia in the first trimester. Adjust physical activity / exercise in excessively hot weather, especially when there is high humidity
- Avoid long periods of motionless posture (standing still, or lying in a supine position), especially if this causes light headedness or dizziness
- Avoid physical activity/exercise at high altitude (above 2000m) unless acclimatised and trained to do this prior to pregnancy
- Always wear appropriate shoes for the activity, non-restrictive clothing and a supportive bra



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
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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?

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: _____

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		