

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.

1.	Has your doctor 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 in your chest at rest or during physical activity/exercise?	Yes	No
3.	Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?	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 I or type II) have you had trouble controlling your blood 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 medical condition(s) that may make it dangerous for you to participate in physical activity/exercise?	Yes	No
<p>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</p>			

ADULT PRE-EXERCISE SCREENING TOOL

STAGE 2 (OPTIONAL)

Name: _____

Date of Birth: _____ Date: _____

AIM: To identify those individuals with risk factors or other conditions to assist with appropriate exercise prescription. This stage is to be administered by a qualified exercise professional.

		RISK FACTORS																
<p>1. Age <input style="width: 100px;" type="text"/></p> <p>Gender <input style="width: 100px;" type="text"/></p>	<p>≥ 45yrs Males or ≥ 55yrs Females +1 risk factor</p>																	
<p>2. Family history of heart disease (eg: stroke, heart attack)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Relative</td> <td style="text-align: center;">Age</td> <td style="text-align: center;">Relative</td> <td style="text-align: center;">Age</td> </tr> <tr> <td><input type="checkbox"/> Father</td> <td><input style="width: 40px;" type="text"/></td> <td><input type="checkbox"/> Mother</td> <td><input style="width: 40px;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Brother</td> <td><input style="width: 40px;" type="text"/></td> <td><input type="checkbox"/> Sister</td> <td><input style="width: 40px;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Son</td> <td><input style="width: 40px;" type="text"/></td> <td><input type="checkbox"/> Daughter</td> <td><input style="width: 40px;" type="text"/></td> </tr> </table>	Relative	Age	Relative	Age	<input type="checkbox"/> Father	<input style="width: 40px;" type="text"/>	<input type="checkbox"/> Mother	<input style="width: 40px;" type="text"/>	<input type="checkbox"/> Brother	<input style="width: 40px;" type="text"/>	<input type="checkbox"/> Sister	<input style="width: 40px;" type="text"/>	<input type="checkbox"/> Son	<input style="width: 40px;" type="text"/>	<input type="checkbox"/> Daughter	<input style="width: 40px;" type="text"/>	<p>If male < 55yrs = +1 risk factor</p> <p>If female < 65yrs = +1 risk factor</p> <p>Maximum of 1 risk factor for this question</p>	
Relative	Age	Relative	Age															
<input type="checkbox"/> Father	<input style="width: 40px;" type="text"/>	<input type="checkbox"/> Mother	<input style="width: 40px;" type="text"/>															
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<p>3. Do you smoke cigarettes on a daily or weekly basis or have you quit smoking in the last 6 months? Yes No</p> <p>If currently smoking, how many per day or week? <input style="width: 80px;" type="text"/></p>	<p>If yes, (smoke regularly or given up within the past 6 months) = +1 risk factor</p>																	
<p>4. Describe your current physical activity/exercise levels:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Sedentary</td> <td style="text-align: center;">Light</td> <td style="text-align: center;">Moderate</td> <td style="text-align: center;">Vigorous</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>Frequency <input style="width: 100px;" type="text"/> <small>sessions per week</small></p> <p>Duration <input style="width: 100px;" type="text"/> <small>minutes per week</small></p>	Sedentary	Light	Moderate	Vigorous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>If physical activity level < 150 min/ week = +1 risk factor</p> <p>If physical activity level ≥ 150 min/ week = -1 risk factor (vigorous physical activity/ exercise weighted x 2)</p>									
Sedentary	Light	Moderate	Vigorous															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
<p>5. Please state your height (cm) <input style="width: 100px;" type="text"/></p> <p style="padding-left: 100px;">weight (kg) <input style="width: 100px;" type="text"/></p>	<p>BMI = _____</p> <p>BMI ≥ 30 kg/m² = +1 risk factor</p>																	
<p>6. Have you been told that you have high blood pressure? Yes No</p>	<p>If yes, = +1 risk factor</p>																	
<p>7. Have you been told that you have high cholesterol? Yes No</p>	<p>If yes, = +1 risk factor</p>																	
<p>8. Have you been told that you have high blood sugar? Yes No</p>	<p>If yes, = +1 risk factor</p>																	

Note: Refer over page for risk stratification.

STAGE 2 Total Risk Factors =

<p>9. Have you spent time in hospital (including day admission) for any medical condition/illness/injury during the last 12 months? Yes No</p>	<p>If yes, provide details</p>
<p>10. Are you currently taking a prescribed medication(s) for any medical condition(s)? Yes No</p>	<p>If yes, what is the medical condition(s)?</p>
<p>11. Are you pregnant or have you given birth within the last 12 months? Yes No</p>	<p>If yes, provide details. I am _____ months pregnant or postnatal (circle).</p>
<p>12. Do you have any muscle, bone or joint pain or soreness that is made worse by particular types of activity? Yes No</p>	<p>If yes, provide details</p>

Risk Stratification

≥ 2 RISK FACTORS – MODERATE RISK CLIENTS

Individuals at moderate risk may participate in aerobic physical activity/exercise at a light or moderate intensity

< 2 RISK FACTORS – LOW RISK CLIENTS

Individuals at low risk may participate in aerobic physical activity/exercise up to a vigorous or high intensity



Membership Form

IMPORTANT NOTICE

This is a membership form under which you agree to become a member of Churchill Boot Camp. When you sign this form you are entering into a legally binding agreement.

This agreement (**your membership**) is made up of the terms contained in this form including the membership details below (**details**) plus any special conditions and the attached Terms and Conditions (**Terms**).

This form sets out your rights to use our exercise facilities and services, and the obligations you have to comply with as a member. Your responsibilities under this agreement, including payment of membership fees, do not depend on how often you use the facilities and services. You promise to tell us if at any time you believe that you may not be able to comply with your obligations under this agreement including the payment of fees, so we can discuss your options with you.

What is set out in this agreement overrides any statements made by you or us before you signed the agreement. Accordingly, you should now read through this entire form carefully to make sure that it fully reflects your expectations and ask us or seek advice if you are unsure whether any particular statements that you have relied on are part of this agreement.

Your membership is Ongoing, it is a periodic agreement that will continue after the Minimum Term of 12 weeks until either you or we terminate it in the way described in the agreement. If an automatic direct debit arrangement is in place, membership fees will continue to be debited from your credit card or account until you or Churchill Boot Camp cancels the arrangement by notifying Paysmart. If you terminate the agreement or stop the automatic debit arrangement in a manner not described in the agreement, then you may be liable for damages for breach of contract.

This agreement is subject to a 48 hour cooling off period.

Direct Debit Warning: Please ensure that you cancel any direct debit authorisation for payments under this agreement when your membership ends.



Membership Details

Fitness business
(“we”, “us”, “our”)

Churchill Boot Camp (ABN 25 300 699 310)
Ph 0458 317 733

Member
(“you”, “your”)

Name:

Address:

Suburb:

Postcode:

Phone:

Mobile:

Email:

Date of Birth:

Gender: F M

**Cooling Off
Period ends**

48 hours after the day on which this membership form is signed.

Minimum Term

12 Weeks

Your membership is **Ongoing** as indicated in the **Important Notice** box above.

Start Date

___ / ___ / ____

**Facilities and
services**

One or more premises of the fitness business including all areas such as exercise areas and change rooms and car park as well as all equipment including weights, benches, machines, mats, and any programs, products, classes and services that you can use according to your Membership Type

Fees

**Membership fees for the
Minimum Term**

\$ 450 up front or \$41 per week on the
Thursday of each week 1 week in advance or
the next working day if that falls on a non-working day

**Ongoing membership fee
after the Minimum Term**

\$41 per week *Please note the fee is subject to change by
notice in accordance with this agreement*

(not applicable for Fixed Term)

Joining fee

Not Applicable

Cancellation fee

2 weeks membership. \$82.

Paysmart

Administration fee

\$11

Paysmart

Direct Debit Weekly Fee

\$1-30

Fitness assessment	Free
Suspension fees	Free
Credit Card surcharge	1.6% for Visa and Mastercard

Payment of membership fees

- Up front pre-payment
- Weekly billing by direct debit *Please note the credit card surcharge above applies*

Direct Debit Provider

Direct debit services are supplied by Paysmart Pty Ltd*
www.paysmart.com.au *Please refer to website for terms and conditions and for changes*

Release Form for Media Recording

I, the undersigned, do hereby consent and agree that Churchill Boot Camp its employees, or agents have the right to take photographs of me to use on Churchill Boot Camp’s website – churchillbootcamp.com, their Facebook Page, Instagram, Twitter and marketing collateral and exclusively for the purpose of Churchill Boot Camp. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Churchill Boot Camp, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I also understand that Churchill Boot Camp is not responsible for any expense or liability incurred as a result of my participation in this photo shoot including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Signing section

- I/we have read through this form including the Terms and Conditions in full before signing.
- By signing here, I/we agree to be bound by the terms of this membership agreement:

Member Signature X _____ Date: _____

Witness Signature _____ Date: _____

Legal guardian if member under 18 years of age (Print Name) _____

Relationship to Member _____ Signature X _____

FOR OFFICE USE ONLY

- All details completed, Applicant has read through form, initialled front page and signed above.
- All persons signing have provided a copy of their drivers licence or other satisfactory identification