



## SIR CHARLES GAIRDNER HOSPITAL SOCIAL CLUB

Welcome letter New Member to keep

Dear Member,

Thank you for joining the Sir Charles Gairdner Hospital Social Club Health & Fitness Centre. We trust that with our help you will have convenient onsite access to most of your health and fitness needs at an incredible price. Services offered by the Health & Fitness Centre include:

- Use of 24 hour gym facilities
- Free access to weekly circuit classes (see [www.charliessocialclub.com/class-timetable](http://www.charliessocialclub.com/class-timetable))
- Access to low-cost personal training
- Access to discounted Yoga & Pilates classes (and other classes as per timetable)

Your membership also includes full social membership at the Social Club. This includes access to discounts and benefits on the QEIMC Campus. To check benefits see [www.charliessocialclub.com/benefits](http://www.charliessocialclub.com/benefits) and make sure you get your membership sticker.

If you have any questions or queries or would like to book any services please contact [scgh.socialclub@health.wa.gov.au](mailto:scgh.socialclub@health.wa.gov.au) or go to [www.charliessocialclub.com/contact-us](http://www.charliessocialclub.com/contact-us).

There are several things we are required to do in order to protect our members and satisfy our insurance requirements. These include:

- Only members are allowed access to the gym
- Members must complete the membership agreement form
- All members must complete an initial appraisal prior to having gym access (you can immediately access classes which are supervised, but not the gym till your appraisal is complete).
- All members must swipe into the gym on each entry & exit & carry photo ID at all times
- Members must report accidents, damaged equipment or inappropriate behaviour to staff or the committee via email ([scgh.socialclub@health.wa.gov.au](mailto:scgh.socialclub@health.wa.gov.au))
- Members must obey membership rules.

We hope you enjoy your membership and take full advantage of the services provided. Please let us know if you have any comments, and remember you can find most information at [www.charliessocialclub.com](http://www.charliessocialclub.com)

Kind Regards  
Laura Robinson  
SCGH Social Club President

**BRINGING PEOPLE TOGETHER**



**SIR CHARLES GAIRDNER HOSPITAL SOCIAL CLUB**

**Member Induction** The following pages 3-10 must be returned to the Social Club Office

Welcome to the SCGH Social Club Health & Fitness Centre.

The club provides:

- Free circuit classes – see [www.charliessocialclub.com/class-timetable](http://www.charliessocialclub.com/class-timetable)
- Free initial appraisal
- Low-cost personal training
- Discounted yoga and pilates classes
- A large variety of Social benefits and discounts including a monthly raffle exclusively for members (see current benefits at [www.charliessocialclub.com/benefits](http://www.charliessocialclub.com/benefits)).

These services are provided by our friendly trainers who are all qualified and highly motivated to help you meet your health & fitness goals!

Your initial appraisal will include running over the following with one of our trainers.

- 🕒 Membership Agreement Form – liability waiver and disclaimer – help us protect you!
- 🕒 Fitness Appraisal – this includes a blood pressure test, a 3 minute step test and heart rate test. Some tests are mandatory however please let your trainer know if there is specific information you would or would not like recorded.
- 🕒 Free program and demo of equipment (if desired – you can book one free 30 minute session with a trainer each year. Contact the office to organise this.)

Tour of the Facility – including

- lockers (\$2 coin to use that gets returned when you return the key)
- duress alarms, security cameras
- air conditioning button (near entrance)
- stereo & tv (please leave on but not too loud)
- hazard/incident green forms (please report incidents immediately via x3131 or [scgh.socialclub@health.wa.gov.au](mailto:scgh.socialclub@health.wa.gov.au))
- Sanitary stations
- Toilets
- and of course the equipment!

Come along and try out our circuit classes! They are free for Health and Fitness members and a great way to stay fit, connect with others and get even more value for your membership.



Office Use Only

Scanned  date: \_\_\_\_\_  
Appraisal booked  date: \_\_\_\_\_  
Appraisal completed  date: \_\_\_\_\_  
Security access granted  date: \_\_\_\_\_  
Entered into database  date: \_\_\_\_\_

## **MEMBERSHIP AGREEMENT – UNDERSTANDING YOUR RIGHTS AND RESPONSIBILITIES**

As a 24 hour secure access fitness facility, the Sir Charles Gairdner Hospital Social Club Health and Fitness Centre is required to have certain policies in place to cover safety, liability and risk. Please read the information carefully and if you have any questions please contact the Social Club [scgh.socialclub@health.wa.gov.au](mailto:scgh.socialclub@health.wa.gov.au)

### **Definitions**

In this agreement the following terms apply:

- Agreement means this membership agreement between you and the Social Club.
- Social Club means the Sir Charles Gairdner Hospital Social Club Inc. which operates the Social Club Health and Fitness Centre and includes agents, representatives, committee members, and employees.
- Facility means the buildings in which the Health and Fitness Centre operates.
- You means the person described in this agreement who is applying for membership to the Social Club Health and Fitness Centre.

### **Membership**

Your membership permits you to use the Social Clubs Health and Fitness Centre facilities, equipment and services as shown and limited by this membership agreement.

### **Compliance with Rules**

You understand and agree that a 24 hour gym membership is a special membership based on trust and is a privilege, which can be taken away for violation of rules. As a member you agree to abide by all Health and Fitness Centre rules which are contained within this document and will be posted at the Facility, and may be amended from time to time at the sole discretion of the Social Club. Please refer to [www.charliessocialclub.com/constitution](http://www.charliessocialclub.com/constitution) for terms and conditions.

### **24 hour Health and Fitness Centre Membership Rules**

You agree that improper unauthorised use of the Facility may result in membership suspension and cancellation. You agree not to let anyone use your access card for any reason, and agree to report any situation that appears to be card sharing to Health and Fitness Centre staff. You understand that any act of card sharing will result in immediate membership suspension or termination. The Social Club reserves the right to suspend or cancel the rights, privileges and membership of any member whose actions are detrimental to the use, safety and enjoyment of the facilities.

- Only one member may enter the Facility front door at a time during non-staffed hours.
- Only members are allowed entry.
- Card sharing is strictly prohibited and will result in immediate loss of membership.
- Members must carry their membership card with photo identification at all times while in the Facility.
- Members must be 18 years of age or older and children are not allowed in the gym.
- Members must complete this liability release and acknowledgement of risk form and return it to club staff prior to being granted access to the Health and Fitness Centre.

- Members must complete a pre-exercise screening assessment with a Health and Fitness Trainer prior to being granted access to the Health and Fitness Centre.
- Members are requested to inform the Social Club should their health circumstances change and are encouraged to .
- Members are required to carry a towel and clean machines and equipment after use.
- Appropriate gym attire is required including workout clothing and dry, closed-top non-marking athletic shoes.
- No dress shoes, boots, or open toed shoes are permitted.
- Do not be overly noisy.
- Refrain from dropping or slamming weights down on the floor or racks.
- Please be courteous to staff and other members while working out.
- No food or drink (except water) is allowed in workout areas.
- Return equipment to designated areas after use, including unloading plate weight machines.
- Do not leave dumbbells on the floor or weight plates on bars.
- Do not use weights while on Cardio equipment.
- Misusing the equipment can result in injury and/or damage to the equipment; follow directions and instructions. Ask for assistance if you are unfamiliar with equipment.

\_\_\_\_\_ ***Initial your acceptance to abide by the Health and Fitness Centre Rules***

### **Fines for Rule Breaches**

The Social Club has the right to impose fines on members who use facilities inappropriately and fail to comply with the rules and standards to which members feel the facility should be run. If not paid these fines can result in suspension of access to facilities.

\_\_\_\_\_ ***Initial your acceptance of Fines for Rule Breaches***

### **No Supervision**

You understand that you are purchasing a membership at a 24-hour facility that allows access at any time. As such, you are aware that there will be no supervision or assistance except during staffed hours. Staffed hours may change at the sole discretion of the Social Club. You are aware that if you get injured, become unconscious, suffer a stroke or heart attack or any other medical emergency or event that there will likely be no one to respond to your emergency and that the Social Club has no duty to provide assistance to you while in its Facility. You understand that even though the Facility is equipped with surveillance cameras, these record but are not monitored continuously, help will not be available during non-staffed hours. However, a first aid station and emergency duress alarm are located in the Facility that, when activated, will alert on site security services.

\_\_\_\_\_ ***Initial your acceptance of No Supervision.***

### **Video Surveillance**

For security and safety purposes the Health and Fitness Centre uses video surveillance equipment to monitor the Facility on a 24 hour basis. You understand that by accessing the Health and Fitness Centre that you will be the subject of video surveillance and recording.

\_\_\_\_\_ ***Initial your acceptance of No Supervision.***

### **Liability Release**

You use the Facilities provided by the Social Club at your own risk and acknowledge that the use of the Facility may involve risk of injury, whether caused by you or another party. You release, to the fullest extent permitted by law, the Social Club against and from all expenses, costs, liabilities,

claims, actions, proceedings, damages, judgements and losses of any kind whatsoever arising out of, caused by, attributable to or resulting from any accident, damage, loss, damage to property, injury or death to any person.

\_\_\_\_\_ ***Initial your acceptance of Liability***

### **Indemnity**

You indemnify the Social Club against and from all expenses, damages, costs, liabilities, claims, actions, proceedings, judgements and losses of any kind whatsoever that the Social Club incurs arising out of, caused by, attributable to or resulting from any accident, damage, loss, damage to property, injury or death to any person caused by you at or in the Facility or in the vicinity of the Facility.

\_\_\_\_\_ ***Initial your acceptance of Liability Release and Indemnity.***

### **Physical Condition and No Medical Advice**

You represent that you are in good physical condition and have no medical reason or impairment that might prevent you from using the equipment at the Facility. You acknowledge that the Social Club did not give you medical advice before you used the equipment, and cannot give you any medical advice after you use the equipment. If you have any health or medical concerns now or after you join as a member of the Social Club and Health and Fitness Centre, you must discuss them with your doctor before using the equipment.

\_\_\_\_\_ ***Initial your acceptance of your certification that you are able to engage in exercise.***

### **Liability for Property**

The Social Club is not liable to you for any personal property that is damaged, lost, or stolen while on or around the Facility including, but not limited to, a vehicle or its contents or any property left in an open locker. If you cause damage to the Facilities or any equipment you are liable to the Social Club for its cost of repair or replacement.

\_\_\_\_\_ ***Initial your understanding of liability for property.***

### **Equipment**

You understand and acknowledge that the Social Club purchases or leases the equipment from a third party and therefore does not manufacture any of the fitness or other equipment used in the Facility. You understand and acknowledge that the Health and Fitness Centre is providing recreational services and may not be held liable for defective products or equipment.

\_\_\_\_\_ ***Initial your understanding that the Social Club is not responsible for defective equipment.***

### **Change of Details and Duty to Inform of Changes in Health Condition**

You must provide the Social Club with any changes to your details. You understand that you are required to inform the Social Club of any material changes in your health condition in the future.

\_\_\_\_\_ ***Initial your acceptance of your Duty to Inform of Changes in Details and Health Condition.***

### **Pre Exercise Screening, Appraisal and Induction**

You understand that you are required to complete a pre exercise screening appraisal and induction with a member of the Health and Fitness Centre staff prior to being granted access to the Facility.

\_\_\_\_\_ ***Initial your understanding of being required to an introductory and annual appraisals.***

**Entire Agreement and Enforcement**

You acknowledge that neither the Social Club nor any other party has made any representations or promises upon which you have relied when entering this agreement. This document contains the entire agreement between you and the Social Club regarding Health and Fitness Centre membership and replaces any oral or other written agreement. Any manual or hand written changes to this agreement are not valid. If a court declares any part of this agreement invalid, it will not invalidate the remaining parts, which continue unaffected. If the Social Club does not enforce any rights in this agreement for any reason, the Social Club does not waive its right to enforce it later.

I certify that I have read and understand all of the terms and conditions and agree to continue to abide by all of the terms and conditions of this membership agreement.

Members Name: \_\_\_\_\_

Members Signature: \_\_\_\_\_

Members Department: \_\_\_\_\_

Email  Global  Other: \_\_\_\_\_

Date: \_\_\_\_\_

Social Club Staff Member: \_\_\_\_\_

Date: \_\_\_\_\_

## 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. The screening tool, health questionnaire and exercise tests will provide information for you and your trainer to assess your ability to perform exercise safely.

Name: \_\_\_\_\_ Department : \_\_\_\_\_

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

AIM: to identify those individuals with a known disease, or signs or symptoms of disease, who may be at a higher risk of an adverse event during physical activity/exercise. This stage is self administered and self evaluated.

Please circle response

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>		
<p>IF YOU ANSWERED 'NO' to all of the 7 questions, and you have no other concerns about your health, you may proceed to undertake light-moderate intensity physical activity/exercise</p>		

I believe that to the best of my knowledge, all of the information I have supplied within this tool is correct. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Trainers Name: \_\_\_\_\_ Trainers Signature: \_\_\_\_\_

## Exercise Test

**Explanation of the exercise test** – You will perform exercise tests. These tests will vary in exercise intensity. You will be monitored closely throughout and only asked to complete tests appropriate to your fitness level. Your trainer may stop any test at any time because of signs of fatigue or, you may stop when you wish because of personal feelings of fatigue or discomfort.

**Risks and discomforts** – There exists the possibility of certain changes occurring during these tests. They include abnormal blood pressure, fainting, disorder of heartbeat, etc. Every effort will be made to minimise these risks by evaluation of preliminary information relating to your health and fitness and by observations during testing. Emergency equipment and trained personnel are available to deal with unusual situations that may arise.

**Responsibilities of the participant** – information you possess about your health status or previous experiences of unusual feelings with physical effort may affect the safety and value of your exercise tests. Your prompt reporting of feelings of effort during the testing itself are also of great importance. It is your responsibility to fully disclose such information when requested by the testing staff. All details will be kept private and confidential by the Social Club.

**Benefits to be expected** – the results obtained from the series of tests may assist in the diagnosis of any illness or in evaluating what type of physical activities you might do with low risk of harm.

**Freedom of consent** – your permission to perform these tests is voluntary. You are free to deny consent or stop at any point if you so desire.

### Consent

I have read this form and I understand the test procedures that I will perform. I consent to participate.

Name : \_\_\_\_\_ Trainer : \_\_\_\_\_

Signature : \_\_\_\_\_ Signature : \_\_\_\_\_

Date : \_\_\_\_\_ Date : \_\_\_\_\_



## Health Questionnaire

Have you, or do you suffer from any of the following?

- |                     |                          |                     |                          |                  |                          |
|---------------------|--------------------------|---------------------|--------------------------|------------------|--------------------------|
| Asthma              | <input type="checkbox"/> | Constipation        | <input type="checkbox"/> | Rheumatic Fever  | <input type="checkbox"/> |
| Angina              | <input type="checkbox"/> | Diabetes            | <input type="checkbox"/> | High Cholesterol | <input type="checkbox"/> |
| High Blood Pressure | <input type="checkbox"/> | Frequent Colds      | <input type="checkbox"/> | Palpitations     | <input type="checkbox"/> |
| Low blood Pressure  | <input type="checkbox"/> | Dizziness/Fainting  | <input type="checkbox"/> | Headaches        | <input type="checkbox"/> |
| Epilepsy            | <input type="checkbox"/> | Heart Disease       | <input type="checkbox"/> | Migraines        | <input type="checkbox"/> |
| Arthritis           | <input type="checkbox"/> | Shortness of Breath | <input type="checkbox"/> | Joint Pains      | <input type="checkbox"/> |

Please provide details where applicable : \_\_\_\_\_

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Have any of your first-degree relatives experienced the following conditions?

- Heart Attack  Heart Operation  Congenital Heart Disease  High Cholesterol

Have you ever had surgery? Yes  No

*If yes give details.*

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Please list any injuries you've had in the past i.e. broken bones, sprains, etc.

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Do you have tension or soreness in a specific area? Yes  No

*If yes give details.*

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Do you experience numbness, tingling or stabbing pains anywhere? Yes  No

*If yes give details.*

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Are you sensitive to touch/pressure in any area? Yes  No

*If yes give details.*

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Do you experience stiff, swollen or painful joints? Yes  No

*If yes give details.*

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Do you have a "chief complaint"? Yes  No

*If yes give details (e.g. onset, duration, treatment, prior diagnosis, activity or position related?).*

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Do you experience fatigue or lack of energy? Yes  No

*If yes give details.*

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Have you had any physical therapy, osteopathy, massage, etc? Yes  No

*If yes give details.*

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What is your current weight?

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Please list any medications you are currently taking.

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What are your hopes, goals or ambitions for joining the Social Club?

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