



Any personal data that is collected by Northern Beaches Council is held and used by Council as permitted by the Privacy and Personal Information Protection Act 1998 ("PPIPA") and will not be disclosed to a third party without your prior consent.

Part 1: Contact Details

Member number						
Title	Mr	Mrs	Ms	Other	D.O.B	
Full Name						
Address						
Post Code		Phone				
Email						
Emergency Contact Name				Phone		

Part 2: Medical Health Information (Please tick)

1. Has your doctor ever told you that you have a heart condition or have you ever suffered from 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 other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise?	Yes	No
<p>If you answer YES to any of the above questions, you will need to provide a letter/certificate stating you are fit for physical activity/exercise from your GP or appropriate allied health professional BEFORE attending the Fitness Centre. If you answered no to all the 6 questions and you have no concerns about your health you may proceed to undertake exercise</p>		

Part 3: Waiver and Disclaimer Agreement

I have read and understand the previous questions and have listed, to the best of my ability an accurate representation of my current health status. I recognise that the instructor is not able to provide me with medical advice with regard to my medical fitness and that this information is used as a guide to the limitations of my ability to exercise. I agree to take part in the activity at my own risk, follow instructions from nominated persons, observe all safety precautions and accept liability for any damage to personal property, injury, illness or death resulting from participation, prior to, during or after the activity.

I agree that Northern Beaches Council and its agents, officers and employees shall not be liable for any claim, damages, injury or illness whatsoever, to any individual. I have read the Manly Andrew Boy Charlton Aquatic Centre Membership Agreement Terms and Conditions and agree to abide by them. The personal information collected on this form is for the sole purpose of use by the Manly Andrew 'Boy' Charlton Aquatic Centre. The intended recipients of the information are Northern Beaches Council Staff, and the information is stored by Northern Beaches Council. Personal information collected from you is held and used by Council as permitted by Privacy and Personal Information Protection Act 1998 ("PPIPA"). For further information visit northernbeaches.nsw.gov.au

I certify that I am in good physical health and have no limitations other than those I have listed. If I experience any unusual symptoms during exercise, I will alert the instructor to the nature of the problem IMMEDIATELY.

Should you suffer an injury, illness or condition in the future, it is your responsibility to advise us prior to your next visit to ensure that we have the most accurate information in the event of an emergency.

Signature represents full agreement of the above.

Participant's Signature		Date	
Staff Signature		Date	