



Membership Form

A Charity Helping Youth Survive & Thrive In Partnership with NSW Police

MEMBER DETAILS PLEASE PRINT CLEARLY

Member number _____

License number _____

Surname: _____

First Name: _____

Date of Birth: ____ / ____ / ____

Street address: _____

Suburb: _____ Postcode: _____

Contact Number: _____

Email: _____

I do not wish to receive any information or be contacted by PCYC NSW about its activities.
(Please tick if applicable.)

TICK BOX Female Male Non-Binary Prefer not to say

Are you of Aboriginal or Torres Strait Islander descent? Yes No

Do you use a language/s other than English at home? Yes No

Language: _____

EMERGENCY INFORMATION PARENT / GUARDIAN / NEXT OF KIN

- if required, PCYC staff can contact the following:

CONTACT 1

Full name: _____

Date of birth: ____ / ____ / ____

Relationship: _____

Contact number: _____

PRE-EXERCISE QUESTIONNAIRE

This section is designed to assess whether you need a medical clearance before you commence an exercise program, join a health & fitness facility, or aim to increase your current level of physical activity.

Please read each question carefully and answer them to the best of your knowledge

1. Has your doctor ever said you have heart trouble, 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 past 12 months? Yes No
5. If you have diabetes (type 1 or type 11) have you had trouble controlling your 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

If you answered YES to any of the above questions, we require that you obtain clearance from a GP or health professional prior to undertaking or participating in a fitness activity in our facility.

An induction / orientation is offered to all persons above 18yrs. Please sign here if you do not wish to take part in an Induction.

Signed: _____

Under 18yrs: an induction and parental consent is required

ADDITIONAL MEMBERSHIPS

GYM + FITNESS

Do not require any additional memberships

18yrs + Under 18yrs (Induction required)

Ongoing Direct Debit Membership: Direct debited from your nominated account, fortnightly and will continue after the minimum term until you have provided 30 calendar days written notice to PCYC

Membership Type: _____ Direct Debit Form Complete

Minimum Term: _____

Fixed Term Membership Agreement: This membership will terminate at the end of the specified minimum term. You will be required to renew to continue using the facilities and services

Membership Type: _____

Minimum Term: _____

USER DECLARATION & RELEASE OF LIABILITY

I wish to participate in organised gym and weights activities, and/or use gym and weights areas and equipment. I declare that: My membership is current; I am competent to use the Club's equipment; I will not misuse equipment; I will report faulty or damaged equipment; I acknowledge my membership commitment to follow the PCYC Code of Conduct.

I understand I am enrolling in a program of physical activity and use of various conditioning and exercise equipment.

I hereby affirm that I am in good physical condition and do not suffer from any medical conditions or have any physical restraints that would prevent or limit my participation in such physical activity.

I fully understand that I may suffer injury because of my participation, and I hereby release the Trainer and The Premises from any and all liability now or in the future, including but not limited to, medical expenses, lost wages, pain and suffering, that may occur by reason of heart attacks, muscle strains pulls, or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries, and any other illness, soreness, or injury, however caused, whether occurring during or after my participation in the program or use of the conditioning and exercise equipment and facilities, regardless of fault.

I hereby agree to accept and be legally bound by this agreement. By signing below, I attest, contract, acknowledge, and agree that I am legally bound in consent.

Signed: _____ **Date:** _____

Witness/Instructor: _____ **Date:** _____

Terms & Conditions

MEMBERSHIPS

All memberships commence from date on membership form.

PCYC Membership: All members must hold a valid PCYC membership. All memberships for persons under the age of 18 must be signed by a parent or guardian. This must be renewed and paid for annually with PCYC informed of any changes to details. Annual PCYC membership is not refundable.

Gym Minimum Age: Membership is limited to persons 14 years and over. Members between the ages of 14 – 17 must have a parent/guardian present to co-sign their membership agreement. Members aged 14-15 must have a parent/guardian present to supervise all sessions. Parent will need to have a valid PCYC membership.

Change of terms and conditions/services: We may need to alter the terms and conditions of membership, services and facilities offered by PCYC. Any such changes will be notified to you with at least 14 days' notice. There will not be any reduction of your membership fees for closure on a public holiday.

FIXED TERMS

Fixed Term Membership: Payment is required upfront and in full. Fixed term memberships are non-refundable and membership suspension is not available on this product.

DIRECT DEBIT

Direct Debit Membership: There are two direct debit memberships: ongoing and within term

Ongoing Direct Debit Cancellation: Membership requires 30 calendar days written notice to PCYC. A membership cannot be cancelled if there are payments outstanding on the account. A membership cannot be placed on suspension during the cancellation notice period.

Within Term Direct Debit Cancellations: Cancellation after minimum term requires 30 calendar days written notice. Cancellations within term will be required to pay 50% of the remaining time of their membership agreement.

Member can terminate a direct debit membership within the minimum term without penalty when:

- A membership can be cancelled with immediate effect if you tell PCYC in writing that you cannot use the facilities and services because you contract a serious illness or a permanent physical incapacity during the term of your membership. This must be confirmed in writing by a doctor or other medical professional we reasonably agree to, and you agree that we may contact the doctor or other professional for verification purposes.
- By giving us 30 calendar days written notice if you relocate more than 15 km from a PCYC Gym and Fitness Centre and you provide us evidence to our reasonable satisfaction.

Failed payment Fee: Upon a failed direct debit, a failed payment fee (dishonour fee) of \$10.00 (including GST) per failed transaction will be charged to your account. Should outstanding fees not be paid in club before the next direct debit cycle, all arrears will be added to the following direct debit payment.

Outstanding Fees: If any amount payable for your membership is not paid on the due date, access to PCYC Gyms may be suspended until such time as payments are up to date. Accounts in arrears exceeding \$100 may be referred to a third-party Debt Collection Agency.

Change of details: You must keep us informed of any changes to your details such as address, e-mail address, contact numbers, bank account and credit card details for payment.

Membership Fee Increase: We reserve the right at any time to increase the fees charged and will use reasonable endeavours to give written notice to your listed contact details (email, address) at least one month prior to the increase. If membership fees are increased and reasonable endeavours have been made to provide prior notice, you hereby authorise PCYC to increase any direct debits to your nominated credit card or bank account.

CASUAL FACILITY HIRE

All bookings and visits of facility is subject to availability.

Membership: To access facility all members need to hold a valid PCYC membership

Payment: Payment be paid in full prior to accessing the facility or receiving any confirmation of booking.

Exclusive Use: Exclusive use of space within the club to be used for social groups, intending for non-commercial use.

Casual Use: Non-refundable casual visit to access shared facility based on availability of space. This will be a shared space with other members.

Cancellations: All cancellations for exclusive usage bookings require 7 days' notice from date of booking for full refund. Any bookings or changes with less than 7 days notice will not be eligible for a refund. PCYC is permitted to cancel bookings with 24hr notice.

- I acknowledge that the facilitation of any group classes, PT sessions, organising any session with monetary gains and to run any sessions with a minor (<18years) is not permitted during any casual facility hire bookings or visits.

CODE OF CONDUCT

Members are committed to the mission of Police Citizens Youth Clubs NSW Ltd (PCYC NSW) to provide recreational activities including sports, arts and life skills that offer young people the chance to lead and enjoy a good life.

In participating in a PCYC NSW program or activity, members agree to:

- respect the rights and dignity of all members, participants and the wider community;
- do not abuse or harass others with actions or words, place them in danger, treat them in a discriminatory way, or take advantage of them;
- respect the privacy of other members;
- help us provide a safe environment and safe activities;
- let us know if things are broken
- report problems or behaviour that put yourself, or others, at risk of harm or abuse;
- a drug, alcohol and smoke-free PCYC NSW;
- a zero-tolerance policy on prohibited drugs, stimulants, steroids or doping for physical performance and;
- follow all PCYC NSW rules and policies.

I have read and understand the code of conduct in this PCYC NSW club membership form and acknowledge that misconduct may lead to suspension or cancellation of membership in, and access to, a PCYC NSW club.

PRIVACY

PCYC NSW is committed to the Privacy Act 1988 and the Health Records and Information Privacy Act 2002. For PCYC NSW to conduct its activities and comply with government law and regulations, it is necessary to collect and use certain kinds of personal information about club members. That information includes the information collected in this membership form and as a result of being a member.

As much as possible, PCYC NSW will only collect such information directly from you, but we may also collect information from a parent, guardian or third party in certain circumstances such as accidents or incident investigations. We will take reasonable steps to ensure that personal information is up to date and accurate, complete, and secure, and to destroy information when it is not needed.

You may request access to any personal information PCYC NSW holds about you. PCYC NSW's privacy policy can be found at www.pycynsw.org.au or be provided on request.

I have read and understand the PCYC NSW statement on privacy in this club membership form.

AUTHORISATION

- I authorise PCYC NSW to obtain all necessary medical treatment which may be required by me (or my child or ward) while in the care, control, or custody of PCYC NSW, including any anaesthetic or surgical attention, which may be prescribed by an appropriately qualified medical practitioner. I acknowledge that the costs of any such treatment, including ambulance fees, will be my responsibility.
- I authorise PCYC NSW to exercise all reasonable control, necessary in the circumstances over me (or my child or ward) or over my (or my child's or ward's) behaviour while in the care, control or custody of PCYC NSW.

- I authorise PCYC NSW to undertake police checks on me as part of its membership acceptance and review processes. I acknowledge that initial and continuing membership and volunteering are subject to any decision by PCYC NSW, at its absolute discretion, based on such police checks and recommendations.
- I authorise PCYC NSW to use my, or my child's or ward's, photographic image and/or voice and/or words (all known as "digital resource") for promotional purposes. I assign any and all rights, title and interest in the digital resource to which I or my child or my ward may be entitled in law, to PCYC NSW, and agree to make no claim for compensation for the use of the digital resource.
- I acknowledge the range of activities run by PCYC NSW and consent to my or my child's or ward's participation in any activities run by PCYC NSW, or its agents.
- I acknowledge that PCYC NSW may from time to time contact me about events, activities and offers from PCYC NSW, and its partners. PCYC NSW will not share data with third parties. Please refer to the Privacy Policy at www.PCYCNSW.org.au for full details.

PARTICIPATION

- I acknowledge that participation in PCYC NSW activities involves the risk of injury and/or loss and damage to my property and that I participate in PCYC NSW activities at my own risk.
- PCYC NSW, its staff, management, volunteers, or agents are not liable for any personal injury, loss or damage of property or expenses, including medical expenses, which I or my child or ward may suffer at the Club and/or as a result of a PCYC NSW activity.
- I acknowledge that, on this form, I have provided medical information only for emergency purposes, and that PCYC NSW is not liable for failing to use this information in any circumstances.
- I acknowledge that PCYC NSW membership does not include personal accident insurance coverage.

ACCEPTANCE AND SIGNATURE

You will be required to provide photo-ID when submitting this form.

All the information provided by me on this form is accurate and true. I have read and accept those sections of this form relating to conduct, privacy, authorisation, and participation. I acknowledge and accept that PCYC NSW's decision to accept or not accept my application is at PCYC NSW's discretion and is final.

Name of applicant

Signature of applicant

Date

Staff
Member

IF THE APPLICANT IS UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN SHOULD SIGN

Under 18 Parent/Guardian Consent - GYM

I hereby acknowledge that:

- The information provided above regarding my child's health is, to the best of my knowledge and correct.
- I will inform you immediately if there are any changes to the information provided.
- I give permission for my child to commence PCYC Gym + Weights activities and programs.
- I understand that a fitness trainer is not always in attendance in the Gym and that it is my responsibility to ensure that my son/daughter has a current exercise program.
- I understand parent supervision is required for members aged 14-15 years. To be able to supervise parent will also need to become a member.

I _____ Parent/Guardian of _____ Child Age: _____

Give my consent for my child or ward whose information is listed, to access the PCYC Weights room &/or Fitness classes. I hereby certify that the above participant is in normal health and capable of safe participation in this fitness program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to & from the facility. I hereby authorise PCYC to obtain medical treatment for the participant listed above if a parent or the emergency contact cannot be reached. I understand that my child/ward enters any exercise program using the facilities at his/her own risk & I hereby indemnify PCYC NSW for any injury or damages which may arise from his/her participation or any known or unknown medical conditions whilst in the PCYC Weights Room &/or Fitness Classes. I understand that my son/daughter/ward will have to or has completed a Personal Induction by a qualified trainer at the PCYC to use the Weights Room.

I hereby agree to accept and be legally bound by this agreement. By signing below, I attest, contract, acknowledge, and agree that I am legally bound in consent

PARENT / GUARDIAN SIGNATURE

DATE

WITNESS / INSTRUCTOR

INDUCTION - STAFF

An orientation / induction is required for all participants aged 14-17years; parental consent is required prior to participant in a PCYC Gym + Fitness activity.

Please confirm with PCYC reception staff a day and time for an induction prior to any participation in a PCYC Gym & Fitness program.

Date of Induction: ___/___/___ Trainer/Instructor: _____