



Membership Application Form

Given Names & Title:

Surname:

Postal Address:

Post Code:

Sex:

Email Address:

Home Phone Number:

Work:

Mobile Phone Number:

Date of Birth:

Mailing List

Do you wish to be placed on the STG Triathlon Club email list to receive squad training timetables and club notices?

Please tick

Yes

No

Membership Fees

The membership period runs from 1 October to 30 September the following year. The membership fee is \$60.

Please provide your Triathlon NSW membership number with this application.

Tri NSW Membership Number _____

Health Questionnaire

Medical Screening

Table 1

Do you have a Cardiovascular, pulmonary or metabolic disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have or have you had:		
• A heart condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Hypertension?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Claudication (cramps in calf due to poor circulation)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• High cholesterol?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Ankle edema?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Asthma?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Diabetes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Hypoglycemia? (low blood glucose level)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• A stroke	Yes <input type="checkbox"/>	No <input type="checkbox"/>

STATEMENT –IF ANSWERED YES TO ANY OF THE ABOVE QUESTIONS

I have consulted a doctor in relation to the conditions, which I stated I have in the above section and have been cleared to carry out all forms of exercise.

Signed _____ Date: _____

Table 2

Are you male and over 45 or female over 55	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you smoke or have you been a regular smoker in the last 6 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has any of your family had heart problems prior to the age of 55?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

STATEMENT –IF ANSWERED YES TO THE AGE QUESTION OR ANY TWO (2) OF THE ABOVE QUESTIONS

I have consulted a doctor in relation to my current physical condition and have been cleared to carry out all forms of exercise.

Signed _____ Date: _____

Other Medical Issues

Do you have any current medical problems or conditions for which you are being treated by a doctor? Yes No

Details: _____

Are you on prescription medication? Yes No

Details: _____

Are you allergic to anything **including** medications? Yes No

Details: _____

Are you pregnant? Yes No

Have you been hospitalised recently or been treated for any significant medical condition in the past 12 months? Yes No

Details: _____

Do you have any injuries or conditions not mentioned above, which may affect your level of participation in an exercise program?

Details: _____

STATEMENT - IF ANSWERED YES TO ANY OF THE ABOVE QUESTIONS

I have consulted a doctor in relation to my current physical condition and have been cleared to carry out all forms of exercise.

Signed _____ Date: _____

Declaration

I agree as a condition of precedent to my acceptance of membership of STG Triathlon Club Pty Ltd ("the Club") and/or participation in any Club related activity that I hereby abandon and waive any claim or cause of action which I, my executors and administrators might otherwise have for death, injury, damage, or loss of any description, incurred by me directly or indirectly in connection with any Club or Club related activity whether arising from negligence or any other cause.

The waiver release and discharge shall extend to and operate in favour of all persons, corporations and bodies, engaged in assistance, promotion or staging of any Club or Club related activity.

I agree that I will abide by instructions advised to me by those to do so in the conduct of any Club or Club related activity and the rules of the Club. I agree to indemnify the Club and any member thereof from all claims, actions, suits, and proceedings whatsoever arising out of any wrongful action by me whilst engaged directly or indirectly in any Club or Club related activity.

I acknowledge that it is my responsibility to identify any medical conditions that I may suffer from, seek medical advice and advise the Club of any changes to my health prior to my participation in any exercise program with the Club. I acknowledge that I do not rely on any representation from any person directly or indirectly associated with the Club that I am capable of undertaking activity, which I do solely at my own risk.

I have, to the best of my knowledge, provided accurate information regarding my current health status and I am not aware of any medical condition, (except those I have specifically brought to the attention of the Club), that may increase my risk of illness or injury as a result of my participation in any exercise program with the Club.

In addition, I will verbally advise coaches/trainers of the Club at the beginning of a session of any medical condition which may increase my risk of illness or injury as a result of my participation in any exercise program with the Club.

I acknowledge and accept that triathlon is a physically demanding sport carrying with it considerable risk of injury and potential danger of accident. I hereby assert that I am sufficiently fit and capable to participate in any activity I decide to undertake with the Club.

I hereby acknowledge that I have sole responsibility for my personal possessions and warrant that any equipment I introduce to any activity with the Club is properly maintained and fit for the intended purpose.

Signature _____ Date: _____

Please complete, sign and send to:

Email: admin@stgfitness.com.au

Fax: 02 8208 9887

**Postal Address: STG Triathlon Club Pty Ltd
PO Box 1466, Bondi Junction NSW 1355**