Shire of Dalwallinu – Child Enrolment

58 Johnston Street
PO Box 141
DALWALLINU WA 6099

(08) 9661 0500

shire@dalwallinu.wa.gov.au
www.dalwallinu.wa.gov.au

Shire of Dalwallinu
Place of wheat and wattle

Enrolment Details

Details of Child				
Surname		First Name		
Date of Birth		Gender	Male	Female
Address				
Town		Post Code		
Telephone (H)		Mobile		
Email				

Emergency Contact Name & Number

Accompanying Adult				
Surname		First Name		
Date of Birth		Gender	Male	Female
Address				
Town		Post Code		
Telephone (H)		Mobile		
Email				

PLEASE NOTE THIS FORM NEEDS TO BE HANDED INTO THE SHIRE OFFICE COMPLETED AND AN INDUCTION BOOKED PRIOR TO ACCESS OF THE GYM.

Disclaimer

The Shire of Dalwallinu Gymnasium operates on a 24 hour, seven (7) days basis and is accessible by members.

The Shire of Dalwallinu has made every effort to ensure that its Gym Participation Policy has been prepared and implemented to promote safe and correct use of gym equipment to encourage a safe environment for all gym users. You accept and understand that there are obvious and inherent risks in the activities undertaken at the Shire of Dalwallinu Gymnasium and acknowledge that the activities you undertake whilst at the gym may involve a risk of physical harm and that participating in these activities voluntarily; you do so at your own risk.

The Shire of Dalwallinu, its servants and agents, accept no liability for any loss or damage to property or death or personal injury however arising from your use of the Shire of Dalwallinu Gymnasium. All gym users are advised to seek medical consultation and clearance before commencing an exercise program. Children are not permitted without their designated gym member accompanying parents.

I acknowledge that I have read and understood the Terms and Conditions contained in this form. I agree to abide and to be bound by any special conditions contained within those terms.

This agreement is subject to a 7 Day cooling off period.

Commences (date) (time) Concludes (date) (time)

Child Signature:	Date:
Adult Signature	Date:

Membership Options

Your membership entitles you to 24-hour usage of the Shire of Dalwallinu Gymnasium, for a period of 12 months from commencement date stated on this form.

Details			**Please select**
12 Month Annual Membership Paid Upfront		$260.00	
6 Month Membership Paid Upfront		$130.00	
3 Month Membership Paid Upfront		$65.00	
Access Fob	One off fee	$20.00	
Replacement Access Fob	Non-Refundable	$20.00	

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Shire of Dalwallinu Gymnasium Terms and Conditions

Agreement Summary

The recipients of this agreement do hereby apply for membership entry to the Shire of Dalwallinu Gymnasium, owned and operated by the Shire of Dalwallinu, located Colin Anderson Drive, Dalwallinu, Western Australia. This Gymnasium offers the use of cardio and weight equipment under guidelines outlined below. The Shire has provided this gym for the community and hope they will support the venture. The venue will not be supervised, and it is an expectation that users will look after the venue. ***Remember, you enter at your own risk.***

Terms & Conditions

The user agrees to the Terms & Conditions as per the points listed below and fees are based on Shire Fees and Charges which are reviewed annually. Please review the Terms and Conditions carefully before entering into this agreement. Once completed a copy of this signed agreement shall be provided to the user. Access to a copy of the Fair Trading *(Fitness Industry Code of Practice)* Regulations 2020 is available upon request.

In consideration of the Shire accepting the membership entry, I agree to be bound by the following terms and conditions:

1. All users must lodge a completed membership form to obtain an access fob from the Shire Office during office hours. This card will be programmed into the system for your ***personal use only.*** Distribution of the access fob to family members, friends or other people may result in the cancellation of your access fob and cancellation of gym membership. If your fob is lost or stolen, please notify the Shire as soon as possible to ensure the fob is cancelled.

2. The Shire of Dalwallinu Gymnasium building and equipment are for members only. Allowing non- members access into the facility will not be tolerated and may result in cancellation of your membership. No persons under the age of **12** shall be permitted into the Shire of Dalwallinu Gymnasium. Persons between the ages of **12** and **18** may be members and **must** be accompanied by their designated gym member accompanying parent.

3. The Shire strongly urges that users seek advice from your doctor if you suffer from any medical conditions, before you consider using the gym facilities. The completed pre–activity questionnaire is required upon obtaining membership for the gymnasium.

4. Ensure the utmost care will be taken within the gym and the equipment provided. Please report any defective or damaged equipment to the Shire as soon as possible to 9661 0500 or shire@dalwallinu.wa.gov.au. Ensure that the Gym is kept clean at all times and remember to clean the equipment after each use. All equipment is to be used with a towel and wiped off with sanitary wipes provided by the Shire after each use.

5. CCTV is in use in the gymnasium and is monitored.

6. **This agreement is subject to a 7 day cooling off period.** Should a member wish to cancel the membership within 7 days, (after the day on which the agreement is signed), the member is required to contact the Shire of Dalwallinu's Administration and request cancellation of the membership. A full refund will be given, once the access fob has been returned to the Shire.

7. After the 7 day cooling off period members may only terminate the 12 Month agreement if they are leaving the Shire district or have medical issues. A medical certificate must be provided. A refund is payable for the unused portion of the fee. *(Refer to annual Fees & Charges)* The Shire is under no obligation to refund the membership fees if the member changes their mind after the cooling off period.

8. Monthly and fortnightly payments are to be paid via direct debit only. *(Refer to annual Fees & Charges)*

9. If the access fob is lost or damaged and a replacement fob issued there is a replacement fee applicable. In the event the original fob is found this fee is non-refundable. *(Refer to annual Fees & Charges)*

10. A member may request to suspend their membership should they go on leave or have a medical condition. The minimum time allowable is four (4) weeks if on a fortnightly debit, or one (1) month if on a monthly debit. Requests are to be made in writing to the Shire.

11. It is advised that you have the correct attire while exercising e.g. comfortable clothing, good sports footwear, towel and water bottle. Water is available at the gym. The Shire cannot guarantee that the bottles will be full at all times. If the water bottles are empty, please advise the Shire on 9661 0500. No bare feet, football boots or thongs allowed.

CHILD 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. **THIS FORM TO BE COMPLETED AND SIGNED BY PARENT OR GUARDIAN OF THE CHILD.**

Name: _____

Date of Birth: _____ Male ☐ Female ☐ Date: _____

STAGE 1 (COMPULSORY)

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

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

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

I believe that to the best of my knowledge, all of the information I have supplied within this tool is correct.

Parent/Guardian Signature _____ Date _____

ESSA EXERCISE & SPORTS SCIENCE AUSTRALIA

Fitness Australia THE HEALTH & FITNESS INDUSTRY ASSOCIATION

SPORTS MEDICINE AUSTRALIA

EXERCISE INTENSITY GUIDELINES

INTENSITY CATEGORY	HEART RATE MEASURES	PERCEIVED EXERTION MEASURES	DESCRIPTIVE MEASURES
SEDENTARY	< 40% HRmax	Very, very light RPE# < 1	• Activities that usually involve sitting or lying and that have little additional movement and a low energy requirement
LIGHT	40 to <55% HRmax	Very light to light RPE# 1-2	• An aerobic activity that does not cause a noticeable change in breathing rate • An intensity that can be sustained for at least 60 minutes
MODERATE	55 to <70% HRmax	Moderate to somewhat hard RPE# 3-4	• An aerobic activity that is able to be conducted whilst maintaining a conversation uninterrupted • An intensity that may last between 30 and 60 minutes
VIGOROUS	70 to <90% HRmax	Hard RPE# 5-6	• An aerobic activity in which a conversation generally cannot be maintained uninterrupted • An intensity that may last up to about 30 minutes
HIGH	≥ 90% HRmax	Very hard RPE# ≥ 7	• An intensity that generally cannot be sustained for longer than about 10 minute

Shire of Dalwallinu

ACN 601 396 543 | Authorised Representative under AFSL 315388

DIRECT DEBIT REQUEST

PH: 08 9681 0500 Fax: 08 9681 1097
ABN/ACN: 34 957 928 647

NEW CUSTOMER FORM

YOUR DETAILS

Please complete this form using a BLACK PEN. * Indicates a MANDATORY FIELD

Business: Shire of Dalwallinu ABN/ACN: 34 957 928 647 100-710-042

Customer Reference:

* Surname: * Given Name:

* Mobile #:

* Email:

* Address:

* Suburb: * State: * Postcode:

DEBIT ARRANGEMENT

Including details and associated fees/charges detailed below and/or the total amount for the specified period for this and as per any other subsequent agreements or amendments between me/us and the Business and/or Ezidebit

☐ Once Only Debit On Date: D D / M M / Y Y Debit this amount: $.

☐ Regular Debits Starting on Date: D D / M M / Y Y Debit this amount: $.

Frequency: ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ 4 Weekly

Duration: ☐ Continue regular debits until further notice (Minimum of debits)

Administration Fee(once only) up to:	Paid By Business	Bank Account Transaction Fee:	Paid By Business	Credit Card Transaction Fee:	VISA/Mastercard: 2.35% (Min $0.99) AMEX/Diners: N/A	Failed Payment Fee:	$21.90

CHOOSE YOUR PAYMENT METHOD

☐ Debit from Credit Card

☐ VISA ☐ MasterCard

Card Number: Expiry Date: M M / Y Y

Name of Cardholder:

By signing this form, I/we authorise Global Payments Australia 1 Pty Ltd, acting as Direct Debit Agent on instruction from the Business, to debit payments from my Credit Card.

☐ Debit from Bank, Building Society or Credit Union Account

Financial Institution: Branch:

BSB Number: - Account Number:

Account Holder Name:

I/We authorise Global Payments Australia 1 Pty Ltd ACN 601 396 543 (User ID No 342190, 342191, 428198) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance with this Direct Debit Request.

The Authorisation in this Request remains in force in accordance with the terms and conditions of the DDR Service Agreement (Ver 1.11). I/We have read, understand and agree to the same. I/We declare that the information in this Request is true and correct. I/We acknowledge that my/our personal information will be collected, used, held and disclosed in accordance with the Ezidebit Privacy Policy found at http://www.ezidebit.com/au/privacy-policy/

Signature(s) of Account Holder: Date: D D / M M / Y Y

DDR SERVICE AGREEMENT (Ver 1.11)

DDR Service Agreement (Ver 1.11)

I/We hereby authorise Global Payments Australia 1 Pty Ltd ACN 601 396 543 (Direct Debit User ID number 342190, 342191, 426198) (referred to as "Ezidebit") to make periodic debits on behalf of the Business (referred to as "the Business") as indicated on the attached Direct Debit Request which incorporates this DDR Service Agreement.

I/We acknowledge that Ezidebit is acting as a Direct Debit Agent for the Business and that Ezidebit does not provide any goods or services (other than the direct debit collection services) to me/us for the Business pursuant to the Direct Debit Request and has no express or implied liability in relation to the goods and services provided or to be provided by the Business or the terms and conditions of any agreement that I/We have with the Business.

I/We acknowledge that the debit amount will be debited from my/our nominated card or bank account according to the terms and conditions of my/our agreement with the Business and the terms and conditions of the Direct Debit Request (and specifically the Debit Arrangement including the Fees/Charges in the Direct Debit Request).

I/We acknowledge that the details of my/our nominated card or bank account should be verified (eg: against a recent card or bank statement) to ensure accuracy of the details provided and I/we will contact my/our financial institution if uncertain of the accuracy of these details.

I/We acknowledge that is my/our responsibility to ensure that there are sufficient available/cleared funds in the nominated account by the due date to enable the direct debit to be honoured on the due date for the debit. Direct debits normally occur overnight, however transactions can take up to 3 banking business days depending on the financial institution. Accordingly, I/we acknowledge and agree that sufficient funds will remain in the nominated account until the debit amount has been debited from the account. If there are insufficient funds available, I/we agree that Ezidebit will not be responsible for any fees and charges that may be charged by either my/our or its financial institution.

I/We acknowledge that there may be a delay in processing the debit if:

1. a payment request is received by Ezidebit after Ezidebit's usual cut off time, being 3:00pm Qld time, Monday to Friday;
2. a payment request is received by Ezidebit on a day that is not a banking business day in Sydney, NSW and Melbourne, VIC; or
3. there is a public or bank holiday on the day when the debit transaction is due to be processed or on any of the following days until the debit is processed.

Any payment that falls due on any of the above will be processed on the next business day.

I/We authorise Ezidebit to vary the amount of the payments from time to time upon receiving instructions from the Business of a variation provided for within my/our agreement with the Business or as may be agreed by me/us and the Business. I/We do not require Ezidebit to notify me/us of the variation to the debit amount.
I/We acknowledge that Ezidebit is to provide at least 14 days' notice if it proposes to vary any of the terms and conditions of the Direct Debit Request (including this DDR Service Agreement) including varying the Debit Arrangement.
I/We will contact the Business if I/we wish to alter or defer the Debit Arrangement. I/We acknowledge that any request by me/us to stop or cancel the Debit Arrangement will be directed to the Business.

I/We acknowledge that any dispute regarding a debit will be directed to the Business and/or Ezidebit. If no resolution is forthcoming, I/we will contact my/our financial institution.

I/We acknowledge that if a debit is returned by my/our financial institution as unpaid, a failed payment fee (as referred to in the Debit Arrangement) may be payable by me/us to Ezidebit. I/We will also be responsible for any fees and charges applied by my/our financial institution for each unsuccessful debit attempt together with any collection fees, including but not limited to any solicitor fees and/or collection agent fee as may be incurred by Ezidebit.

I/We authorise Ezidebit to attempt to re-process any unsuccessful payments as advised by the Business.

I/We acknowledge that certain fees and charges (including setup, variation, SMS or processing fees) may apply to the Direct Debit Request and may be payable to Ezidebit and agree to pay those fees and charges to Ezidebit.

"Ezidebit" may appear as the merchant for a payment from my/our credit card (including a debit or charge card). I/We acknowledge and agree that Ezidebit will not be liable for any disputed transactions resulting from the supply or non supply of goods and/or services and that all disputes will be directed to the Business (as Ezidebit is acting only as a Direct Debit Agent for the Business). The Transaction Fee for a debit to a Credit Card calculated as a percentage may be subject to a minimum amount.

I/We appoint Ezidebit as my/our agent for the control, management and protection of my/our personal information (relating to the Business and this Direct Debit Request) which is disclosed to Ezidebit. I/We irrevocably authorise Ezidebit to take all necessary action (which Ezidebit deems necessary) to protect and/or correct, if required, my/our personal information, including (but not limited to) correcting account numbers and providing such information to relevant third parties and otherwise disclosing or allowing access to my/our personal information to third parties in accordance with the Ezidebit Privacy Policy.

Other than as provided in this Direct Debit Request or the Ezidebit Privacy Policy, Ezidebit will keep your personal information about your nominated account private and confidential unless this information is required to investigate a claim made relating to an alleged incorrect or wrongful debit, to be referred to a debt collection agency for the purposes of debt collection or as otherwise required or permitted by law. The Ezidebit Privacy Policy can be found at http://www.ezidebit.com/au/privacy-policy/.

I/We hereby irrevocably authorise, direct and instruct any third party who holds/stores my/our personal information (relating to the Business and this Direct Debit Request) to release and provide such information to Ezidebit.

I/We authorise:

1. Ezidebit to verify with my/our financial institution and/or correct, if necessary, details of my/our account; and
2. My/our financial institution to release information allowing Ezidebit to verify my/our account details.

PO Box 3327
Newstead, QLD 4006
Ph: (07) 3124 5500