



## TAMBORINE MOUNTAIN TRIATHLON CLUB INCORPORATED

16 Beacon Road, North Tamborine, QLD  
P.O. Box 229, North Tamborine QLD 4272  
info@tmtc.com.au  
www.tmtc.com.au  
ABN 83 183 862 076

### 2018 – 2019 NEW MEMBER APPLICATION FORM

David Mackay – President - 0412 093 735  
Sharon Henderson – Trainer – 0428 937 178

PLEASE PRINT ALL YOUR DETAILS CLEARLY,  
ESPECIALLY PHONE NUMBERS & EMAIL ADDRESSES

Full Name: _____
Address: _____
Phone: Home: _____ Mobile: _____
Email: _____
Date of Birth: ____/____/____
Occupation: _____
Doctor & ph. Number: _____
Private Health Cover: _____
Emergency Contact: Name: _____
Phone: _____

<b>FEES: Initial membership fee</b>	<b>\$60 (includes GYM orientation fee)</b>
<b>Yearly membership thereafter</b>	<b>\$40 (Annual fees are 1 July to 30 June)</b>
<b>Casual visits</b>	<b>\$7 per visit</b>
<b>3 months</b>	<b>\$120</b>
<b>6 months</b>	<b>\$220</b>
<b>12 months</b>	<b>\$395</b>

Direct payment to Westpac    BSB 034682    Account 114122 (include your name)

**CONDITIONS OF MEMBERSHIP – PLEASE READ CAREFULLY AND SIGN**

1. By becoming a member of the Tamborine Mountain Triathlon Club, I am stating that I have read, agree to and will abide by the rules of the T.M.T.C.
2. I agree to sign the register and pay my \$7 each visit (or pre-paid fee).
3. I agree to keep my membership details up to date and pay my annual fee on time.
4. I understand that if I am over 45 or have not exercised for 12 months and or have an existing medical condition, that I am strongly advised to obtain a “clearance for exercise” from a medical doctor before engaging in any exercise programme.
5. I acknowledge that if I compete in triathlon events this financial year I will need to become a full member of Triathlon Australia at an additional fee of \$145.
6. Failure to follow conditions 1 to 5 could lead to membership suspension.
7. I agree to allow my contact details to be given to Triathlon Queensland.

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

**LEGAL DECLARATION:** Tamborine Mountain Triathlon Club Inc. also known as T.M.T.C.

In consideration of the acceptance of membership, with the Tamborine Mountain Triathlon Club (T.M.T.C.) with the aim of using the T.M.T.C. clubhouse facilities at 16 Beacon Road I, for my heirs, executors and administrators, release and forever discharge the T.M.T.C. committee, inclusive of the President, Vice-President, Treasurer, Secretary, Membership Officer all other Office bearers, participating trainers and its servants and agents of all liabilities, claims, damages, costs or expenses which I may have against them arising out of, or in any, of the above parties.

I hereby acknowledge that I have sole responsibility of my personal possessions.

I hereby certify that I have not participated in a fitness appraisal at the Tamborine Mountain Triathlon Club and do not hold this organisation responsible for any personal injury, loss or damage which may occur as a result of my attendance at the Tamborine Mountain Triathlon Club. I hereby acknowledge that his declaration is for the complete duration of my membership.

Print name: \_\_\_\_\_

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

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

Contact Number: \_\_\_\_\_

OFFICE USE ONLY: Date: _____	RENEWAL: YES OR NO.
MEMBERSHIP EXPIRY DATE _____	
MEMBERSHIP NUMBER: _____	AMOUNT PAID \$ _____

**Tamborine Mountain Triathlon Club Health Questionnaire**

Tick or X

Details

- Have you suffered or have a **Heart condition / Angina**?  
\_\_\_\_\_
  
- Do you have or have you suffered from Diabetes?  
\_\_\_\_\_
  
- Do you have or have had **Epilepsy**?  
\_\_\_\_\_
  
- Do you have a **high or low blood pressure**?  
\_\_\_\_\_  
\*\*Please provide us with a recent Blood Pressure Reading: \_\_\_\_\_
  
- Do you have a **high cholesterol**?  
\_\_\_\_\_  
\*\*Please provide us with a recent Cholesterol Reading: \_\_\_\_\_
  
- Any other relevant health conditions we should know?**  
\_\_\_\_\_  
\_\_\_\_\_
  
- Are you pregnant? **Yes or No**
  
- Do you have **Back** problems?  
\_\_\_\_\_
  
- Do you have **Neck** problems?  
\_\_\_\_\_
  
- Do you have **Shoulder** problems?  
\_\_\_\_\_
  
- Do you have **Hip or Knee** problems?  
\_\_\_\_\_
  
- Any other **Joint** problems?  
\_\_\_\_\_

**IF YOU ARE OVER 45 OR HAVE NOT ENGAGED IN A REGULAR EXERCISE PROGRAM IN THE LAST 2 YEARS, PLEASE CONSULT YOUR DOCTOR AND HAVE THEM COMPLETE THE SECTION BELOW:**

**Doctors support:** I declare \_\_\_\_\_ (patient name) is fit to undertake unsupervised exercise at The Tamborine Mountain Triathlon Club. IN light of their health conditions and medications, I have recommended the following to them:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Doctor \_\_\_\_\_ Signed by Doctor \_\_\_\_\_

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

**Tamborine Mountain Triathlon Club Orientation**  
(TMTc TRAINER to complete, Trainer & new member to sign below)

**CHECK LIST**

- Membership card/receipt & copy of TMTc rules given to new members
- Key Protocol explained
- Importance of signed the register
- \$6 payment unless pre-paid
- Lights and fans
- Windows and door locked correctly
- Power on/off to all Cardio equipment
- Use of towel on equipment
- Returning weights, dumbbells etc.
  
- TECHNIQUE                    correct technique

**CARDIO EQUIPMENT**

- Bikes
- Treadmills
- Ellipticals
- Rowing Machine
- Boxing/ use of gloves
- Stretch mats
- Ab machines

**STRENGTH TRAINING EQUIPMENT**

- Leg Press
- Lat machine and cable machine
- Smith Machine
- Bench Press
- Assisted Dip and Chin up Machine
- Adjustable benches
- Bars/ Dumbbells

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

Date \_\_\_\_\_

Trainer Signature \_\_\_\_\_ Comments \_\_\_\_\_

“I \_\_\_\_\_ acknowledge that the above checklist has been explained to me to my satisfaction. I understand that I should only use the equipment in this facility within the limits implied by the information provided in the Health Questionnaire overleaf, and recommended by the trainer. I acknowledge that my decision to use the equipment is an informed decision and I take responsibility for how I use the equipment.”

Member Signature \_\_\_\_\_ Date \_\_\_\_\_