



Student Sports Registration Form								
Personal De	tails							
Family Name					Given Name/s			
Date of Birth		/ /	/ /		Gender			
Email Address								
Postal Addres	s							
Suburb/City			Post Code					
Contact Numb	ber		Studen).		
How did you hear about us?								
I give permission for USQ Student Guild to send alerts, advices & other correspondence to me via email/SMS.			Yes / No					
use photogra	ohs of me for pu	udent Guild to take and ublication including other social media.	Yes / No					
Emergency Contact Details								
Family Name				Given Name/s				
Daytime Phone				Mobile Phone				
Please refer to our website for a schedule of Student Sports at your campus! <u>www.studentguild.com.au/student-sports</u>								
Please circle campus Toowoomba Ipswich Springfield						Enrinafield		
Please circle campus		roowoomba		Ipswich		Springfield		

Privacy Statement

The Works Health & Recreation Club is wholly owned and operated by the University of Southern Queensland Student Guild (USQ Student Guild). The USQ Student Guild collects personal information to assist in providing the best fitness and related ancillary services to suit your needs and to be able to contact you regarding your membership and other associated USQ Student Guild services. Personal information will not be disclosed to third parties without your consent unless required by law. If you wish to gain access please contact The Privacy Officer, University of Southern Queensland, Toowoomba, QLD, 4350.

Terms & Conditions

• I acknowledge that:

- If I believe there is a risk to my health by participating in a fitness activity at this fitness centre, I must inform the centre in writing about the potential risk.
- I may be required to produce a Doctors Clearance Letter if any medical conditions I have could adversely be affected by exercise.
- I understand that it is a condition that I participate in a scheduled Student Placement orientation program. The orientation focuses on the safe and correct use of the equipment provided at the Centre.
- I have met all pre-conditions of the USQ Student Placement officers prior to attending the Works Inductions.
- I have a current valid Blue card and a current CPR Certification.

I AGREE TO RELEASE AND INDEMNIFY the Recreational Activity Provider as follows:

- I participate in the activity at my own risk and responsibility.
- I release, indemnify and hold harmless the Recreational Activity Provider, its servants and agents, from and against all
 and any actions or claims which may be made by me or on my behalf or by other parties for or in respect of or in the
 event that I am injured or my property is damaged, I will bring no claim, legal or otherwise, against the Recreational
 Activity provider in respect of the injury or damage.
- I have read and understood Terms and Conditions and agree to the same.
- Minimum Teams required for each competition. If the minim number of teams are not signed up by the due date, the competition will be cancelled.





- Student Sport Members get free access to lunch time sports from 12.00pm to 2.00pm Monday to Friday. Must be enrolled USQ Students
- Please visit our website for the current timetable.
- All Lunch time sports are subject to change without notice. Lunch time sports will not be available during private bookings. Please visit our website or call reception to check availability.
- A towel must be used at all times during any workout in the centre to cover exercise machines and remove sweat left on machines in the process of performing any exercise. No member or guest will be able to use the facilities if they do not have a towel or appropriate enclosed shoes.

Signature of Participant:.....

Date / /

USQ Sports Member Conditions								
Family Name:	Given Name/s: Student ID:							
I hereby Acknowledge that:-	Member's Initial							
• I and only I am able to access Student Guild.	the Centre under my designal	ed times as directed by the USQ						
• I am aware that the Centre is	• I am aware that the Centre is under constant video surveillance 24 hrs per day.							
• I cannot directly or indirectly provide access to the Centre to anyone else. If I do so I will be held personally liable for the fees, damage or loss to the Centre by my actions.								
 If I allow others to enter who do NOT have a placement/membership at this Centre, my membership will be cancelled and legal action will be taken to rectify any loss incurred by my actions. 								
	• I will abide by the Centre's Code of Conduct at all times (i.e. proper behavior, appropriate clothing, enclosed shoes, carry a towel and water bottle).							
 I will not use inappropriate lan patrons or staff of the Centre. 	guage, aggressive behavior, tl	nreaten, bully or intimidate other						
 I will not use or engage with a sexual orientation or disability 		ed on gender, religion, culture,						
Access for USQ Sports member Centre staff for opening hours;		normal business hours (see						
After use sporting and related	equipment must be replaced in	n the appropriate location.						
I have been trained on the Cer	ntre's Emergency and Evacuati	on procedures. If evacuation is						
required, I understand that I n	nust leave through the 24hr ac	cess door or the emergency exit						
		inderstand that I must press the						
emergency button located to t								
	orts membership, I will notify t	he Centre Staff immediately in						
writing.								

 I......have read and understood the conditions of use and have initialled each condition.

 Member Signature:
 Date:
 / 20
 Key No.:....

 The Works Staff Member:
 Date:
 / 20