Welcome TO OUR PRIDE

WESTERN

HEAR THE ROAR

WESTERN ATHLETICS CLUB GYM APPLICATION – 2026/27 SEASON

NAME: _____ DOB _____ DATE _____

ADDRESS_____MOBILE CONTACT _____

EMAIL ADDRESS_____

Gym Category (Circle applicable category)	**Gym**	**Refundable Key Access ($30 first time only)**	**Total**
Western Athletics SA GOLD member	FREE	$30	$30
Western Athletics SA SILVER member	FREE	$30	$30
Club Life Member / Committee member Position Held:……	FREE	$30	$30
COACH – Committee Approved	FREE	$30	$30
Adelaide High School Student/Teacher– Committee Approved	$125	$30	$155
Gym Club Membership	$240	$30	$270

The contact details provided on this form will only be used for KeyFob collection purposes. If you are not an Athletics SA member, the details will be given to Athletics SA for insurance purposes.

Action Required:

1. Complete this form
2. Transfer money to
    - BSB 805007
    - ACC 00269403
    - Name Western Athletics Club
    - Reference – Your name
3. Send the completed form to westerndistricts@gmail.com
4. Club Registrar will be in contact to organise KeyFob collection and advise you of the gym entry and exit procedure

CONDITIONS:

1. FOB access will be de-activated at the end of each Athletics SA financial year, such that a new application to use the gym facility must be submitted each ASA financial year – commencing 1st October each year and finishes on 30 September the following year.
2. **FOB access will be de-activated if the FOB holder ceases to be a financial member of Western Athletics Club, unless otherwise approved by the Western's Committee**
3. The FOB holder is responsible for securing the building when vacating gym premises;
4. Gym membership is not transferable;
5. FOB holder assumes full responsibility for all damages, injuries or losses that they may sustain or incur, if any, while using the gym facility;
6. FOB holder is responsible for keeping gym facility clean, tidy and returning equipment to appropriate location;
7. For Safety and security reasons a security camera will be installed in the gym area only.
8. If a replacement FOB is required, a $30 fee will be charged.
9. Ensure own towel is used when using equipment and/or wiped down after use.
10. Report any hazards to your coach or Committee member to attendance
11. FOB access card will be de-activated without warning if any condition not met or:
    a) FOB holder allows entry to the gym to any other party or individual
    b) At the end of the ASA financial period

I understand that there is risk of injury associated with participating in any exercise program or sports activity and I certify that I am in good physical condition and have no known disabilities that might otherwise be detrimental to my health or well-being.

I am familiar with the gym equipment and have had sufficient training on the equipment to use it responsibly.

_____ Date _____/_____/_____

Signature of Member – accepting conditions and receipt of FOB

_____ Date _____/_____/_____

Parent/Guardian (if under 18))

_____ Date FOB Activated _____/_____/_____

Key FOB Number Assigned

_____ Date _____/_____/_____

Signature of Club Registrar