

PERSONAL DETAILS

TITLE ____ FIRST NAME _____ SURNAME _____ M / F

D.O.B ____/____/____ CONTACT DETAILS: (HOME) _____ (WORK) _____
(MOBILE) _____ EMAIL _____

POSTAL ADDRESS _____

SUBURB _____ P/ CODE _____

USQ Department/ Faculty _____

USQ Springfield Fit & Well Corporate Health Program Options.

Option 1

You may take advantage of the following tests and emails at no cost. (membership to be renewed every 12 months)

- Health and Fitness Assessments twice a year
- Regular fitness classes
- A variety of health and specialty seminars
- Regular health newsletters

Yes, I would like to take part in the health and fitness testing, special classes, seminars and receive regular emails.

Option 2

Includes all benefits of Option 1 as well as a \$100 rebate for a gym membership at the gym of your choice.

- Join a fitness centre of your choice and receive a subsidy of up to \$100 for a six month membership. The rebate can be claimed on any Gym Membership and can be claimed each 6 months. (A receipt for membership must be forwarded to the Kylie Haywood c/- USQ Student Guild, Toowoomba Campus.)

Yes, I would like claim the Gym Membership Rebate. I have enclosed a receipt or statement from my gym.

Bank Account Details: BSB _____ Acc _____

Option 3 (also available with Options 1 and 2)

Join Springfield's Weight Watchers at Work Program

- Weight Watchers at Work runs an on campus meeting for USQ Staff. Meetings are held weekly and the cost is \$135 for 13 weeks. Please see Melissa Want for more details.

Yes, I would like to join the Weight Watchers at Work program. Payment to be made to Melissa Want @ the Student Guild.

TERMS & CONDITIONS

I acknowledge that:

Initials

- If I believe there is a risk to my health by participating in the activities of the Fit & Well program, I must inform the staff in writing about the risk..... []
- I may be required to produce a Doctors clearance letter if any medical conditions I have could be adversely affected by exercise..... []
- During all times whilst participating in the Fit & Well program and associated activities, that both my own property and my own person shall be at my own risk. I hereby certify that I have voluntarily elected to participate in the Fit & Well program, and do not hold the USQ, The USQ Student Guild, or the people involved in the program, responsible for, and indemnify them from, any personal injury, loss or damage, which may occur as a result of my participation in the program..... []
- Information collected during the assessments will made be accessible to The USQ Student Guild, USQ Student Services, and USQ Safe. Statistics gathered from the USQ Fit & Well Corporate Health program may be used, anonymously, in reports to parties outside of USQ..... []

SIGNATURE: _____ Date ___/___/___ Time: _____ am / pm

OFFICE USE ONLY

MEMBERSHIP

Membership Type FITWELSF SF GYM REBATE WeightWatchers

Start Date: ___/___/___ Expiry Date: ___/___/___

DATA ENTRY

Member Details Entered [] Initials _____ Date ___/___/___

Gym Rebate Processed [] initials _____ Date ___/___/___

NOTES