

## Who we Are

The gym represents an extension of the health and fitness activities which have been offered at Burnie Brae Centre for the past 27 years and we are delighted to provide a facility where over 50's and younger people with disability can exercise and increase muscle strength in a secure, supported and friendly environment. In keeping with the values of our organisation, Healthy Connections gym has a strong focus on the safety and welfare of every individual.

## Gym Features

- *Highly trained and experienced staff*
- *Personalised service with a focus on safety*
- *Air-conditioned venue and good facilities*
- *A range of top quality training equipment*
- *Specialised classes*
- *Payment options to suit individual need*
- *Low cost Transport to and from the Gym*
- *On-site Cafe*

## Benefits to you

A commitment to participate in a gym program can have multiple benefits to your health and well-being.

- *Weight Control*
- *Management of chronic conditions*
- *Bone strengthening*
- *Improved balance, postural stability & flexibility*
- *Improved sleep patterns*
- *Enhanced sense of wellbeing*

## Types of Membership

### Burnie Brae Centre and Healthy Connections General Membership

All members of the Burnie Brae Centre are eligible for membership of Healthy Connections gym. All potential members will be required to complete the Burnie Brae membership form as well as complete the Healthy Connections intake forms. Persons over the age of 50 years are eligible to join the Burnie Brae Centre and the cost is \$5.00 per year.

### Younger Disability Group Membership

Persons under the age of 50 years with a moderate to severe disability are eligible for membership of Healthy Connections gymnasium.

### Specialised Program Membership

Healthy Connections gymnasium will from time to time run specific programs for people with stable long term healthy conditions, such as heart disease. Access to Specialised Programs is by referral from a doctor or health professional and is open to eligible individuals under 50 years.

## Joining Process

To ensure the safety of all participants, Healthy Connections have a 3 step joining process.

### Step 1

People interested in joining Healthy Connections are provided with a membership pack comprising of

Participant Letter  
Participation Consent Form & GP Consent  
Medical & Health History Questionnaire

This information should be read carefully, completed and once you are confident you understand and agree to all the terms and conditions, the Consent Form requires your signature. Our experienced staff will decide what your needs are based on your documentation. *You may be required to gain approval from your doctor for participation in the gym. Please be guided by their recommendation.*

## Step 2

Once the forms are complete you will be ready for your Fitness Assessment. You will need to bring all your completed forms to this appointment and wear shorts and t/shirt or other appropriate loose fitting clothing and footwear. The appointment will take approximately 1 hour and provide staff with accurate information about your fitness level and the type of program that would be most suitable for you.

*The staff member conducting your assessment will inform you if your doctor's consent is required prior to commencement of your gym program. If you are not planning a visit to your GP we can FAX a form through to the clinic.*

Following your assessment the gym receptionist will discuss your membership and payment options with you and book you into your session times (eg. Each Monday and Wednesday at 9am) which will remain fixed for the period of your membership. It is best if you are able to make your full payment (or first instalment) at this time.

## Step 3

The final step is your gym orientation. This is a one on one session with one of our Exercise Physiologists who will explain and instruct you in every aspect of your program including appropriate weights and technique and answer any questions you may have.

## What do I need to do?

You will need to bring a **towel and water bottle** to each session and **closed in comfortable shoes must be worn.**

Inform the gym supervisor of any injuries or health problems prior to the session commencing.

**If you have any issues or questions about any aspect of your program seek out one of our experienced staff to discuss your concern.**



### Remember:

*It's never too late to see improvements in your health and quality of life through exercise.*

## What Does it Cost?

### Full Assessment and Set up Fee **\$90.00**

Fitness assessments will be performed initially and again at six months. These assessments provide a comprehensive view of your functional capacity and will provide us with the knowledge of what areas of functional fitness you are strongest in and what areas have room for improvement. The six month re-assessment will demonstrate improvements you have made and provide direction for the future.

*Please note that all of our membership options can be paid for in installments. Please ask if you would like to use this facility and further details can be supplied.*

### 10 Session Pass **\$60.00**

*Valid for 13 weeks from time of purchase*  
Suitable as an affordable low use pass.

### 20 session Pass **\$100.00**

*Valid for 26 weeks from time of purchase*  
Suitable as an affordable medium use pass.

### 6 Months Unlimited Usage **\$280.00** Plus

Free access to Zumba, Aerobics and Tai Chi classes

*Valid for 26 weeks from time of purchase*  
Suitable as an affordable high to medium use pass.  
Cost equates to \$3.58 per session for 3 sessions per week.

### Specialised Programs **\$10.00 per session**

Specialised Programs are conducted targeting people with a health condition requiring specific program activities and a higher level of supervision. These are generally time limited courses e.g. 8 week program.

# OPENING SPECIALS

1. Purchase a six month UNLIMITED USAGE PASS \$280 and receive

**FREE** Full Assessment/admin set up fee

**FREE** Half hour personal training session

2. Purchase a 20 SESSION PASS \$100 and receive

**FREE** Full Assessment/admin set up fee

3. Purchase a 10 SESSION PASS \$60 and receive

**FREE** Full Assessment/admin set up fee





Congratulations on your decision to commence an exercise program at Healthy Connections Gym. The gym represents an extension of the health and fitness activities which have been offered at Burnie Brae Centre for the past 25 years. We are delighted to provide a facility where Seniors can exercise and increase muscle strength in a secure, supported and friendly environment.

Whilst we believe that exercise is important for people of all ages, we need to make sure that a Gym program is suitable for you as an individual. To ensure your safety, there are a couple of steps that we would like to take before you commence your exercise regime.

Attached to this letter are the following documents:

- Medical and Health History Questionnaire
- Participation Consent Form and
- GP Consent
- Fact Sheet
- Opening Membership Specials

## NEXT STEP

1. **Complete the** Medical and Health History Questionnaire and Participation Consent Form
2. **Have your GP complete and sign** the GP Consent form. ( If you are not planning a visit to your GP we can arrange to FAX the form at your assessment)
3. **Phone Healthy Connections** and arrange an assessment appointment. Bring along all completed forms. The appointment will take approximately 1 hour
4. **Following the appointment** we will set up your program, arrange your membership and arrange the days and times for you to attend the gym

We hope you enjoy being part of Healthy Connections Gym and look forward to working with you to increase your health, fitness and well being.

Yours sincerely



Kevin Rouse  
CEO  
Burnie Brae Centre



## PARTICIPANT CONSENT FORM

1. I have read and understood the information I have received about Healthy Connections Gym.
2. I understand that to participate:
  - My GP may need to be contacted for his/her approval.
  - I will be required to complete a Medical and Health History Questionnaire.
3. I understand that all data related to my participation in the Healthy Connections Gym will be treated as confidential.
4. I understand that my participation in activities at the gym imposes the risk of possible physical injury.
5. I understand that I have the freedom to withdraw from any program, at any time and for any reason, without prejudice.
6. I agree to indemnify The Chermside and District Senior Citizens Centre and Healthy Connections gymnasium as principal from all actions, costs, claims, charges, expenses, penalties etc arising from my participation in activities at the Healthy Connections Gymnasium, but only to the extent the damage is caused by or attributable to me as a participant or to an associated person(s).

*Name of participant (please print)*

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Medical and Health History Questionnaire

This is a risk factor screening questionnaire which must be completed prior to commencing your exercise program. The information will be used to inform your Instructor and will be kept confidential by Healthy Connections Gym.

Please answer all questions.

Section 1. PERSONAL INFORMATION		
Name:		Gender: M / F
Date of Birth:		
Address:		
Ph.	Mob:	
Email Address:		
Emergency Contact Details		
Name:		Relationship:
Ph.	Mob:	
General Practitioner Details		
GP's Name:		
Ph.	Fax	

Section 2. LIFESTYLE HISTORY		
Smoking		
Are you or have you ever been a smoker? YES / NO	Past / Current	Age you started smoking?
At what age did you quit smoking? ( <i>Past Smokers only</i> )		
Average number of cigarettes smoked per day?		
Alcohol Consumption		
How many alcoholic drinks do you have each week on average?		
Body Weight		
Has your weight fluctuated more than a few kilo's during the past 12 months?	YES / NO	If so, by how many kilo's?

**Physical Activity**

What is your current level of physical activity?	ACTIVE / INACTIVE
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Please supply details of the type of activity you are engaged in. eg. Walking

**Menopause (Females Only)**

Age at which menopause started?

Do you or have you ever used HRT  
(Hormone Replacement Therapy)?

YES / NO  
(If YES please include details in the **Medications** portion  
of this questionnaire.)

**Section 3. MEDICAL CONDITIONS**

Condition	Yes	No	Details
Stroke			
Cancer			
High Cholesterol			
Sight/Hearing impairments			
Hereditary Conditions			
Other Concerns			
<b>Respiratory Concerns</b>			
Bronchitis			
Emphysema			
Asthma			
Any Shortness of breath			
Other			
<b>Cardiac/Heart Concerns</b>			
Heart Attack			
Angina/Chest Pain			
Heart Disease			
Discomfort in your chest?			
Other			

Condition	Yes	No	Details
<b>Psychological Concerns</b>			
Depression			
Anxiety			
Other			
<b>Neurological Concerns</b>			
Epilepsy			
Multiple sclerosis			
Parkinson's Disease			
Other			
<b>Circulatory Concerns</b>			
Do you experience swelling of your feet and ankles?			
Do you get pains or cramps in your legs?			
Do you experience sudden tingling, numbness or loss of feeling in your arms, hands, legs, feet or face?			
<b>Diabetes</b>			
Do you have diabetes?			
If Yes which type?	( Type I) Insulin Dependant		(Type II) Non-Insulin Dependant
If Yes how do you control your condition?			
<b>Blood Pressure</b>			
Have you ever been told that your blood pressure was not normal?			HIGH / LOW
If Yes do you take medication for this?			Please include details in the <b>Medications</b> portion of this questionnaire.
<b>Cholesterol</b>			
Have you ever been told that your cholesterol level was high?			
If you can remember, what was your last reading?			
Do you take cholesterol medication?			





Dear Doctor,

Re: .....

At Healthy Connections Gym we believe it's never too late to see improvements in an individual's quality of life through exercise. The Gym represents as extension of the health and fitness activities which have been offered at Burnie Brae Centre for the past 25 years and we are delighted to provide a facility where Seniors can exercise and increase muscle strength in an affordable, supported and friendly environment.

Your patient, ..... has expressed an interest in commencing an exercise program at the Gym. We have attached an information sheet about the Gym outlining the features and benefits of the programs we offer. All programs are supervised at all times by experienced and qualified Exercise Physiologists who offer a high level of education and technique training.

.....has completed a Medical & Health History Questionnaire and has also given his/her consent to seek your approval of his/her involvement in this exercise regime. We would ask for your co-operation in completing the details below and returning it to us as soon as possible by mail (*Healthy Connections Gym, 60 Kuran Street, Chermshire, Q. 4032*) or fax 36242160. **Please sign the form if you are confident your patient can participate, and add any further comments you consider pertinent to his/her safety in the program.** Should you require further information regarding any aspect of our Gym programs, please do not hesitate to contact one of our staff on 36242185.

**GENERAL PRACTITIONERS CONSENT**

General Practitioners Name: .....

Surgery Address .....

Ph: .....Fax: .....Email:.....

***Please comment on your patient's medical readiness regarding their participation in a physical activity program.***

In my opinion \_\_\_\_\_ is in sufficient health to participate  
*(Patient's name)*  
in the specified exercise program at Healthy Connections Gym

The client must stop exercising if: .....  
.....

Other Recommendations : .....  
.....

.....(GP Signature) ..... (Date)