

MEMBERSHIP APPLICATION

PERSONAL/CONTACT DETAILS

Date Term Type Payment First Debit Date Staff Pay in Full	M FIRST	ST NAME			_SURNAME		D.O.B / _	D.O.B / /		
PRE-EXERCISE QUESTIONS: DO YOU HAVE, OR HAVE YOU HAD ANY OF THE FOLLOWING? Reart disease or Cardiovascular condition? Y/N Any Asthma or difficulty breathing? Y/N Interest disease? Y/N Epilepsy, blackouts or fainting? Y/N Interest disease? Y/N Diabetes? Y/N Diabetes? Y/N Are you taking any prescribed medications? Y/N Any major illness in the last 5 years? Y/N Are you taking any prescribed medications? Y/N Any major injury/surgery in the last 5 years? Y/N Any other conditions that may alter your exercise veryou a smoker? Y/N program? Y/N program of exercise. I extremely all times while on the Riverside 24/7 fitness, both my property and person are at mover risk. I shall not hold Riverside 24/7 fitness, it's staff or contractors liable for any loss of valuables or personal nijury. I agree that I understand and agree to the rules of the membership rules information sheet for the facility. I gree that my paid in advance membership is transferable at a fee and that after the cooling off period of two does membership is not refundable. If my membership is a diarect debit (pay smart), I agree to fulfill these financial commitments, I can pause my membership in fortnightly cxl fee. Poefice USE ONLY process Cearance Required? YES / NO Dr declare that is medically fit to undertake an exercise prograwith the following considerations /contraindications is medically fit to undertake an exercise prograwith the following considerations /contraindications Ph:	ADDRESS				SUBUR	В				
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Are you a smoker? Y/N program? Y/N Do you suffer arthritis / joint pain? Y/N If you answered YES to any of the above questions, please give details	Any major ill	ness in the la	ast 5 years	;?	Y/N	Are you taking any pro	escribed medicati	ions? Y/N	1	
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